DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41487

State File No.

Registration District No. 256

Primary Registration District No. ~~[illegible]~~ 5879

Registrar's No.

PI X26390

76
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois, Mo' Benton L.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days) 56 - 8 - 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76 0

(c) City or town Chamois 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes ~~or No~~)
If yes, name country 0

3. (a) PRINT FULL NAME Marie A. Giesing

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Femail

5. Color or race White 1

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Albert Giesing

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 1 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	8	30	1 hr. 40 min.

9. Birthplace Baileys Creek Mo (City, town, or county) Rural 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name John T Reynolds
13. Birthplace Louisiana → 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Briget Jordan
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Pete Reynolds
(b) Address Mint Hill Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Baileys Creek Cemetery

18. (a) Signature of funeral director Otto T. Stocksick
(b) Address Chamois, Mo

19. (a) Jan. 1, 1943 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 hour 2 minute 40 a.M.

21. I hereby certify that I attended the deceased from 1-20- 1942 to 12-30 1942
that I last saw her alive on 12-30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
① Chronic Myocarditis
Due to ② Essential Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Wm V. McKnelly (M.D. or other)
Address Chamois Mo Date signed

570

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41487

Registration District No. 256 Primary Registration District No. 5879 Registrar's No.

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Marie A Gleasing
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 1 (Day) 1886 (Year)

8. AGE: Years 56 Months 8 Days 20 If less than one day hrs. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 31 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY