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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6280

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 27

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(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
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE 37 2
(c) City or town Owensville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES WALDO GEISLER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband ~~or wife~~ MAUD GEISLER 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MAY (Month) 6 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 11 If less than one day hr. min.

9. Birthplace VICHY (MARIES, Co.) (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name JAMES GEISLER
13. Birthplace VICHY (MARIES Co.) (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name HARRIET JAMES
15. Birthplace VICHY (MARIES Co.) (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant Maud Geisler
(b) Address Owensville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEBRUARY 19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation HIGH GATE, MISSOURI

18. (a) Signature of funeral director W. T. Gottenstroeter
(b) Address Owensville Missouri

19. (a) 2-19-43 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

1207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 17th
year 1943 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 2-16 1943, to 2-17 1943;
that I last saw him alive on 2-16- 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Melitis	
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)
(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 Edw Mellies (M. D. ~~or other~~)
Address Owensville Mo Date signed 2-18-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 19

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, or by Me

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

working under my personal supervision.

Signed Milford D. K. Winter

Licensed Embalmer No. 3835

P. O. Address Queensville 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.