

FILED AUG 11 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 418

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

49  
52

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution 1701 Wall /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 1701 Wall  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wm. Geipe

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced 2 W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant L. G. Adams

(b) Address 2706 Penn.

17. (a) Burial (b) Date thereof 7/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saginaw Cem.

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Missouri

19. (a) 7-26-43 (b) Herturb Sudholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1943 hour 7:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 1941 to July 24 1943  
that I last saw him alive on July 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs

Due to arterial hypertension several years

Other conditions Great Exhaustion (Include pregnancy within 3 months of death) 3 hrs

Major findings: Of operations \_\_\_\_\_ Of autopsy 1941 99

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) MEANS OF INJURY ✓

23. Signature [Signature] (M. D. or other) D.O.  
Address Joplin Mo Date signed 7/26/43

48-7-677

NOV 5 1949

SEP 7 1949

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: \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Poplar

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.