

FILED NOV 1 1943

4344

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community Since 1869
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3217 Cleveland
(If rural, give location)

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

3. (a) PRINT FULL NAME John J. Geiss

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-8928

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married. 2 divorced widowed

6. (b) Name of husband or wife Nelli Geiss 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 7 29 hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Sheet Metal worker

11. Industry or business _____

12. Name John Geiss

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Allen
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Kelburn

(b) Address 400 Oak St

17. (a) Burial Woodlawn - N.C.M. (b) Date thereof 10-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - N.C.M.

18. (a) Signature of funeral director G. W. Wagner
(b) Address Kansas City Mo

19. (a) 10-12-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th
year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 6th 1943 to Oct. 11th 1943
that I last saw him alive on Oct. 11th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
Due to 940
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____
(Specify type of place) (Means of injury)

23. Signature Quincy R. Thom (M. P. or other) 10-12-43
Address Med. Dir. Gen'l Hosp. Date signed _____

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

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

A. R. Hauschild

Licensed Embalmer No.

4159

P. O. Address

Kansas City 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.