

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1943

Registration District No. 147

Primary Registration District No. 1002

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

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 67 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth C. Geissler

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-3281

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Geissler 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 27 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 8 If less than one day br. min.

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

10. Usual occupation Geissler Apparel Co.

11. Industry or business X

12. Name Henry Findlay Chick 13. Birthplace Missouri

14. Maiden name Mary Clemmings 15. Birthplace Missouri

16. (a) Informant William Geissler

(b) Address 5715 Locust St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-7-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 5715 Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1943 hour 7:40 minute 8 M.

21. I hereby certify that I attended the deceased from November 27th
1943, to December 5th 1943
that I last saw her alive on December 4th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Strangulated Hernia
Femoral (left)

Due to 1770
Other conditions acute myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operation strangulated loop of bowel
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Robert D. Brown (M. D. or other) _____
Address 316 Alameda Road, KCMO Date signed 12-6-43

Dr. D. C. Guffey

~~Dr. D. C. Guffey~~ Dr. Ireland Will
Alameda Rd. Over
4 P.M.

OCT 26 1940

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 John H. Hurley

Licensed Embalmer No. 4650

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.