DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18

15142

State File No.

Primary Registration District No. 3040

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 820 Vine Street 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston 59

(c) City or town Chillicothe Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 820 Vine St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Victor John Gier

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 Single

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

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

7. Birth date of deceased June (Month) 18 (Day) 1926 (Year)

8. AGE: Years 17 Months 9 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Chillicothe (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Student

11. Industry or business .....

FATHER
12. Name Chris F. Gier
13. Birthplace Chillicothe Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Clara Gladieux
15. Birthplace Chillicothe Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mildred L. Gier

(b) Address 4535 Main K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director E Beckett 3227

(b) Address Chillicothe

19. (a) 3-15-44 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nave ....., 19....., to Nour ....., 19.....
that I last saw him alive on Nour ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound thru Heart

Due to accident

Due to .....

Other conditions Nour
(Include pregnancy within 3 months of death)

Major findings:
Of operations Nour

Of autopsy Nour

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

184

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-13-1944 0.59

(c) Where did injury occur? In County (City or town) Livingston (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On a farm (Specify type of place)

While at work? No (e) Means of injury 22 rifle

23. Signature Reuben Barney (M.D. or other) Coroner

Address Chillicothe Mo Date signed 4-14-44

458

(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, or by.....

Was Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed.....E Burkett.....

Licensed Embalmer No.....3227.....

P. O. Address.....Chillicothe.....

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

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