V. S. No. 2
00M—8-43
Rev. 5-17-39
[redacted] I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25968

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 128 —

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Rural Washington Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 3 mo 5 da (Specify whether years, months or days) In this community: Same time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL") 102
(d) Street No.: ~~[illegible]~~ Walnut 820 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 17

3. (a) PRINT FULL NAME: E. S. Geisert
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single (1)
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mch. - 28 - 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	3	29	hr. min.

9. Birthplace: Abilene (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: None
11. Industry or business: — contractor
MOTHER FATHER
12. Name: Jacob Frederick Geisert
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Anna Rotenberger
15. Birthplace: ~~Germany~~ Switzerland (City, town, or county) (State or foreign country) 5
16. (a) Informant: Hospital Records
(b) Address: Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 7-31-44 (Date received local registrar) (b) Hazel B. Bleick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 8:25 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 2 - 1944, 19..., to July 27, 1944 that I last saw him alive on July 27 - 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Status Epilepticus	
Major findings: Of operations: 104	
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: P B Lester (M. D. ~~or other~~)
Address: Nevada Mo Date signed 7-27-44

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

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-893
Date Filed 8-5-44

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 Emma R. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.