V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41147

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 886

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town RURAL, S. CAMPBELL TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME William Henry Geiswelier

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Mrs Carrie Geiswelier

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

7. Birth date of deceased JULY (Month) 31 (Day) 1874 (Year)

8. AGE: Years 70 Months 4 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business .....

FATHER
12. Name NICHLOS GEISWELLER
13. Birthplace UNK. (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name LIESETT WIEDMAN
15. Birthplace UNK. (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant Carrie Geiswelier

(b) Address Seymour, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Dober Ill

18. (a) Signature of funeral director R. R. Kelley

(b) Address Seymour Mo

19. (a) 12-6-44 (Date received local registrar) (b) D. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6, year 1944 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from 11-24-44, 19..., to 12-6-, 1944 that I last saw him alive on 12-6-44, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: hyperstatic pneumonia	
~~Due to~~ following stroke of appoplexy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 2

23. Signature William C. Wetzel (M. D. or other) Do.

Address 2100 S. Holland Spfd., Mo. Date signed 12-6-44

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1944

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.