

S. No. 2  
M-5-42  
5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2208

FILED FEB 8 1945  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 72

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town SPRINGFIELD  
(c) Name of hospital or institution: 1655 COLLEGE ST.  
(d) Length of stay: In hospital or institution 3 DAYS.  
In this community 3 DAYS.

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD  
(d) Street No. 1655 College St.  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME GEORGE ROBERT GEISLER  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 23  
year 1945 hour 11 minute 45 P.M.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased: JAN. 20, 1945

21. I hereby certify that I attended the deceased from 1, 23, 45, 19, to 1, 23, 45, 19, that I last saw him alive on 1, 23, 45, 19, and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 3 hr. min.

Immediate cause of death: Thymus enlargement-  
Duration

9. Birthplace: SPRINGFIELD MO.

When I was called to see this child, it was suffering from cyanosis, difficult breathing- and all symptoms of status lymphaticus, and it died shortly after my arrival.

10. Usual occupation: Infant at Home

Major findings: at the home. My diagnosis: Enlargement of Thymus  
Of operations: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

12. Name: George Geisler  
13. Birthplace: \_\_\_\_\_

14. Maiden name: Lockie Spain  
15. Birthplace: \_\_\_\_\_

16. (a) Informant: Mary Spain  
(b) Address: SPRINGFIELD MO.

17. (a) Burial (b) Date thereof: 1-25-45  
(c) Place: burial or cremation: \_\_\_\_\_

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: SPRINGFIELD MO.

19. (a) 1-25-45 (b) 5 W. Hubbard (Registrar's signature)

Of autopsy: 64  
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? \_\_\_\_\_  
(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: J. J. Smith (M. D. or other) \_\_\_\_\_  
Address: Springfield, Mo. Date signed: 1, 24, 45

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

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**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. *Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

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