

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25877
Registrar's No. 278

FILED FEB 13 1945
Registration District No. 256

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
606 Florida Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 606 Florida Avenue 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Samuel Geer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased about 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation retired railroad man

11. Industry or business _____

MOTHER FATHER

12. Name Seward Geer

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Snyder

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Collier

(b) Address 606 Florida, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/20/45
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 1-19-45 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1945 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-11, 1944 to 1-13, 1945
that I last saw him alive on 1-18-, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arterio-sclerosis

Due to _____

Other conditions § 2 b
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Joplin, Mo Date signed 1-18-45

1204

45-1-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.