

FILED MAY 8 1945

State File No. _____

Registration District No. 142

Primary Registration District No. 5556

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Mountain-view, Mo Howell Co.
(b) City or town Rural - Goldsboro, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 1 Year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Mountain view, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Anthony Genson

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

4. Sex Male 5. Color or race W
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 Jan, 6th 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Zachary T. Genson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Bethiah C. Gwing
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. E. Hudson
(b) Address Mountain view, Mo

17. (a) burial (b) Date thereof 4/5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wendale

18. (a) Signature of funeral director Robert J. Simon

(b) Address Mountain view, Mo

19. (a) 4-12-45 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1945 hour 2 minute PM

21. I hereby certify that I attended the deceased from April 2, 1945 to April 2, 1945
that I last saw him live on April 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Stanley Bannum (M.D. or other) DO.
Address W. D. ... Mo Date signed 4/12/45

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

1100

117.5

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 John J. Duncan
Licensed Embalmer No. 2516
P. O. Address Mountain View, 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.