DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24084

FILED AUG 14 1945

Registration District No. _____ Primary Registration District No. 3023 Registrar's No. 149

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Gen. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 mo. (Specify whether years, months or days) In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry 42
(c) City or town: Clinton Mo 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 315 E Franklin 2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Margaret E Price
3. (b) If veteran, name war: 4
3. (c) Social Security No.: _____
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Sept. (Month) 11 (Day) 1869 (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day: _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Pa 1 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: _____
FATHER
12. Name: Henry Geyer
13. Birthplace: _____ (City, town, or county) Pa. 1 (State or foreign country)
MOTHER
14. Maiden name: Kathryn Rullinger
15. Birthplace: _____ (City, town, or county) Pa. 1 (State or foreign country)
16. (a) Informant: Emery Hurt
(b) Address: Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood
18. (a) Signature of funeral director: Cora Olus Peck
(b) Address: Clinton Mo
19. (a) July 29th (Date received by local registrar) (b) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25 year 45 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 30, 1945, to 7-25, 1945; that I last saw her alive on 7-25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	2 hr
Due to: Hypertension & uremia	2 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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: [illegible] (M. D. or other) M.D.
Address: Clinton Mo Date signed 7-26-45

1371 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1945

RECEIVED
Di... ...th Officer No. 7,
Date Filed 7-45-819
8-13-45

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 J. E. Consolur

Licensed Embalmer No. 1891

P. O. Address Clinton 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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
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THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ..... AUG 14 1945

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Henry

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (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 Maregaut E Price

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

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 16 (Day) 1869 (Year)

8. AGE: Years 75 Months 10 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25
year 1945 hour 10 minute ..... M.

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

Immediate cause of death	Duration
Uremia & Chronic Myocarditis	2 mo
Due to Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations .....
Of autopsy 13 b

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 G. S. Walker (M. D. or other) M.D
Address Clinton Mo Date signed 8-24-45

SUPPLEMENTARY

24084