

FILED NOV 28 1945

Registration District No. **155**

Primary Registration District No. **4245**

Registrar's No. **99**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Dronago**
(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 **life**
years, months or days

3. (a) PRINT FULL NAME **Lloyd Geer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **457-01-3375**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **March 3 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **8** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Dronago Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mixer**

11. Industry or business _____

12. Name **William Geer**

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

14. Maiden name **Myrtle Daniels**

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

16. (a) Informant **Mrs. Myrtle Geer**

(b) Address **Dronago Mo**

17. (a) **Burial** (b) Date there **Nov 12 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dronago Cem**

18. (a) Signature of funeral director **W. B. Kinglet**

(b) Address **Wab City Mo**

19. (a) **11-12-45** (b) **W. B. Kinglet**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Dronago**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9**
year **1945** hour **3 P.** minute **P.** M.

21. I hereby certify that I attended the deceased from _____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chest heavier lungs, External + Internal, Crushed Chest, Neck Broken**
Due to **Left side - Crushed, 1-2-3-4-5-6-7 Ribs fractured.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **1952**
Of autopsy **11 Coronary Investigator**

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) **Accident 47**

(b) Date of occurrence **11/9/45**

(c) Where did injury occur? **Dronago Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Industrial - Mines - Caught in**

While at work? **yes** (Specify type of place) **Blot.** (e) Means of injury _____

Signature **W. B. Kinglet** (M.D. or other) **Do**

Address **201 4 Joplin** Date signed **11/9/45**

45-10-880

AUG 22 1945

DEC 1 1945

DEC 29 1945

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.