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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17507

FILED JUN 5 1946

Registration District No. 2

Primary Registration District No. 3047

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 So Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Nineteen years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Neosho, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 615 So Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter A. Gesner

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bess Lee Bridges Gesner

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 20, (Day) 1883 (Year)

8. AGE: Years 62 Months 5 Days 29 If less than one day — hr. — min.

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

10. Usual occupation Merchant - 5 & 10 Store

11. Industry or business Owner of 5 & 10 Store

FATHER
12. Name William Gesner
13. Birthplace New Haven, Conn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Walter A. Gesner
(b) Address 516 So Jefferson St. Neosho, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho, Mo. I.O.O.F.

18. (a) Signature of funeral director Bigham Mortuary
(b) Address Neosho, Missouri

19. (a) May 24, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19. year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive May 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown, Probable Heart failure — Duration

Due to Dropped dead

Due to Natural Causes

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 2000

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

23. Signature Carly Thompson (M. D. or other)
Address Neosho Mo Date signed 6/19/46

223 (Licensed Embalmer's Statement on Reverse Side)

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

16387

RECEIVED

Officer No.

RECEIVED

District Health Officer No.

District File Number 646-81

Date Filed 6-4-46

JUN 8 1946

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 Warren H. Lamah

Licensed Embalmer No. 4400

P.O. Address Neosho, Missouri

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.