S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 29573

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1005

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2228 Agency Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2228 Agency Road
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country Germany

3. (a) PRINT FULL NAME George J. Geiser

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased June (Month) 1 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation retired merchant

11. Industry or business self

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

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

16. (a) Informant Mrs. M. E. Row

(b) Address 2228 Agency Road

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/ 4 /46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton BeGole + Bowman

(b) Address St. Joseph, Mo.

19. (a) Sept. 6, 1946 (Date received local registrar) (b) A. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1946 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 1 1946, to Sept 2 1946 that I last saw him alive on Sept 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to [illegible]

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83A

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 Collis Kennedy (M. D. or other)

Address [illegible] Date signed Sept 2 46

34

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 So 10th St, Joseph, 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.