

No. 2
1-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43633

FILED JAN 20 1947
Registration District No. 376

Primary Registration District No. 60753060

State File No. _____
Registrar's No. 427

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
IOI College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 86 years
years, months or days

3. (a) PRINT FULL NAME Henry Giessing
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Othelia Rothe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 4 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Milling

12. Name Charles Giessing
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hoehn
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Herbst
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Dec. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri

19. (a) 1-6-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. IOI College (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1938
to Dec 11 1946
that I last saw him alive on Dec 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary disease + Myocarditis
Duration 15 min.
1938

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? _____

(Specify type of place) _____ (e) Means of injury _____
23. Signature D. H. Walters (M. D. or other) _____
Address Farmington, Mo. Date signed Dec 16-1946

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

MOTHER, FATHER, _____

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 147-98
Date Filed 1-15-47

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 Paul D. Royal
Licensed Embalmer No. 4120
P. O. Address Farmington 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.