

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED APR 23 1947
 Registrar's District No. **779**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
 In this community **51 years**

3. (a) PRINT FULL NAME **Frank Geiser**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **male**
 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Amanda Geiser**
 6. (c) Age of husband or wife if alive **17** years
 7. Birth date of deceased **Aug 12 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **19**
If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **unknown**

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

14. Maiden name **Malinda Geiser**

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

16. (a) Informant **Mrs. H. E. Sweeney**

(b) Address **807 Forest**

17. (a) **Buried** (b) Date thereof **4-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greggway Cemetery**

18. (a) Signature of funeral director **W. C. M. D.**

(b) Address **K. C. Mo.**

19. (a) **4-10-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **320 Forest**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
 year **1947** hour **8** minute **35** P. M.

21. I hereby certify that I attended the deceased from **March 27 1947** to **April 6 1947**
 that I last saw him alive on **April 6 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia-Pyelonephritis superimposed on nephrosclerosis**
 Duration

Due to

Due to

Other conditions **131a**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy **See above**

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?

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

23. Signature **Wm W. Hart** (M. D. or other) **MD**

Address **Med. Dir. Gen'l Hosp.** Date signed **4-7-47**

Mr. Guey

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 *Esteban Lapetina*

Licensed Embalmer No. *4223*

P. O. Address *K. C., 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.