

3. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 6 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18002  
Registrar's No. 86

Registration District No. 383 Primary Registration District No. 5655

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 843 days  
(Specify whether  
In this community 843 days  
years, months or days)

3. (a) PRINT FULL NAME Walter Benjamin Geeting  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive        years  
7. Birth date of deceased June 3 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 9 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Genjamin Geeting  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lucinda Allen  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk  
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof May 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Montgomery City Mo.

18. (a) Signature of funeral director H. D. Fessett  
(b) Address Mt. Vernon Mo

19. (a) 5/24/47 (b) W. H. Helbert  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City  
(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 May day 12  
year 1947 hour 5:30 minute A M.  
21. I hereby certify that I attended the deceased from  
Jan 19 19 45 to May 12 19 47  
that I last saw him alive on May 12 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced, bilateral Pul. Tbc. Duration 9 yrs.

Due to         
Due to       

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations         
Of autopsy         
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?

While at work? (Specify type of place)         
(e) Means of injury         
23. Signature W. H. Helbert (M. D. or other)  
Address Mt. Vernon Mo Date signed May 12 1947

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

RECORDED  
District Health Officer No. 8,  
District File Number 647-592  
Date Filed JUN 4 1947

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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 H. D. Fossett  
Licensed Embalmer No. 2201  
P. O. Address Mt. Vernon

**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.