

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25058**
Registrar's No. **90**

FILED AUG 5 1947
Registration District No. **290**

Primary Registration District No. **4427**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Geyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Otto Geyer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 29 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 5 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Otto Geyer

(b) Address 3933 Oceola, Chicago, Ill.

17. (a) Removal (b) Date thereof 7-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unknown

18. (a) Signature of funeral director Walter Hedge

(b) Address Waynesville, Mo.

19. (a) 7-31-1947 (b) Thelma C. Buckhage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County 999

(c) City or town Chicago 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3933 Oceola 0
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No) 2
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1947 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 7-24-1947 to 7-24-1947
that I last saw her alive on 7-24-47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 hr.

Due to _____

Due to _____

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) accident 85

(b) Date of occurrence 7-24-47

(c) Where did injury occur? Waynesville Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 66

While at work? _____ (Specify type of place)
(e) Means of injury Car-wreck

23. Signature C. Miller M.D. (M. D. or other) 0

Address Waynesville Mo. Date signed 7-24-47

(Licensed Embalmer's Statement on Reverse Side)

Call with O.M. vehicle

AUG 6 1947

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

Walter J. Hedges

....., Registered Apprentice No.

working under my personal supervision.

Signed

Walter J. Hedges

Licensed Embalmer No. *4265*

P. O. Address *Waymire, 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.