

FILED FEB 18 1948  
Registration District No. 207

Primary Registration District No. 5704

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Vichy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries  
(c) City or town Vichy  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lula May Geisler

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edward W. Geisler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 28 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Manuel Dyson  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Joyce  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bartha Hankay

(b) Address 4553 Swan - St. Louis, Mo.

17. (a) Burial (b) Date thereof Feb 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Smith-Holloway

(b) Address Walla, Mo.

19. (a) 2-4-48 (b) Pauline Howard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1948 hour 9 minute 45 A.

21. I hereby certify that I attended the deceased from October 29, 1940, to January 31, 1948  
that I last saw her alive on January 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 10 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61

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) \_\_\_\_\_ While at work? (e) Means of injury \_\_\_\_\_

23. Signature C. Hammler (M. D. or \_\_\_\_\_)  
Address St. James, Mo. Date signed 2/3/48

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

Date filed 2/11/28  
DISTRICT NO. 11  
LIC. NO. 3643  
DISTRICT NO. 9

**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 *J. H. Hovey*  
Licensed Embalmer No. 3643  
P. O. Address Rolla, 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.**