No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13419

Primary Registration District No. 3046

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Moniteau County
(b) City or town: California, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 36 Hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Jamestown (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

3. (a) PRINT FULL NAME: MARY ANN GEIGER
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:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 22, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	3	hr. min.

9. Birthplace: Moniteau County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Jacob Haldiman
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Ann Roesch
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: T.H. Geiger
(b) Address: Jamestown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jamestown, Mo.
18. (a) Signature of funeral director: Williams Funeral Home
(b) Address: California, Mo.
19. (a) 4-30-48 (Date received local registrar) (b) H. R. Pope Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 25 year: 1948 hour: 11 minute: a M.
21. I hereby certify that I attended the deceased from April 23, 1948, to April 23 1948 that I last saw her alive on April 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
Due to: Myocarditis	
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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: L. L. Latham (M. D. or other)
Address: California Mo Date signed: 4-26-48.

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number MAY 11 1948

Date Filed

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.