FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22582

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200 E Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 200 E Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John E. Geske

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Emmie Mrs. [illegible]

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Aug (Month) 14 (Day) 1864 (Year)

8. AGE: Years 83 Months 11 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business ✓

FATHER
12. Name David Geske
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Miss Hunerada
15. Birthplace ✓ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Henry Geske
(b) Address Belle Claire Hotel K.C. Mo

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 7/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk. K.C. Mo

18. (a) Signature of funeral director Steve McClure
(b) Address K.C. Mo.

19. (a) 7-22-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 17, 1947, to July 21, 1948; that I last saw him alive on July 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days.
Due to: Generalized cerebro-vascular disease	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 P

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 S. O. Schroeder (M. D. or other) M.D.
Address Liberty, Mo. Date signed 7/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number

Date Filed 8-12-48

AUG 17 1948

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 John Sonberg

Licensed Embalmer No. 4448

P. O. Address Liberty Ore

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.