S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29315

Registration District No. 78 | Primary Registration District No. 5362 | Registrar's No. 83

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Jamesport Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jamesport, Mo. Route #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural Jamesport Twp
(If outside city or town limits, write "RURAL")
(d) Street No. Jamesport RR #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUCINDA B. GEHO
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 James Harper
6. (c) Age of husband or wife if alive —— years
7. Birth date of deceased July (Month) 18 (Day) 1855 (Year)

8. AGE: Years 93 | Months 2 | Days 6 | If less than one day — hr. — min.

9. Birthplace Marshal County (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name George M. Geho
13. Birthplace Elizabeth (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Sarah King
15. Birthplace unknown (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Rebecca P. Kimberling
(b) Address Jamesport, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery Jamesport
18. (a) Signature of funeral director Raymond A. Davis Mo.
(b) Address Trenton Mo.
19. (a) 28 Sept. 1948 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1948 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from 1939, 19..., to Sept 24, 1948
that I last saw her alive on Sept 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arteriosclerosis Mitral Regurgitation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 F. B. Bailey (M. D. or other) D.O.
Address Jamesport, Mo. Date signed 9-25-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Robert L. Richardson Registered Apprentice No. 271, working under my personal supervision.

Signed: Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address: Trenton, 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.