

FILED NOV 5 1948

Registration District No. 1948

Primary Registration District No. 3016

Registrar's No. 240

1. PLACE OF DEATH:

(a) County... *Cole County*

(b) City or town... *Jefferson City, Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... *St. Marie's Hosp. D.*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... *03 hrs.*
(Specify whether years, months or days)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... *Missouri* (b) County... *Maine*

(c) City or town... *Jamestown, Mo.*
(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... *William R. Geiger*

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *25* year *1948* hour *8:10* minute *17* M.

21. I hereby certify that I attended the deceased from *Oct 25*, 19*48*, to *Oct 25*, 19*48*; that I last saw him alive on *Oct 25*, 19*48*; and that death occurred on the date and hour stated above.

4. Sex *Male* 5. Color or race *White*

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

6. (b) Name of husband or wife... *Emma Geiger*

6. (c) Age of husband or wife if alive... *64* years

7. Birth date of deceased... *Aug 15 1883*
(Month) (Day) (Year)

Immediate cause of death... *Acute myocardial infarction*

Due to

Due to

Other conditions...
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<i>64</i>	<i>2</i>	<i>10</i>	hr. min.

9. Birthplace... *Maine Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation... *Merchant*

11. Industry or business... *Godfrey Geiger*

12. Name... *Godfrey Geiger*

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

14. Maiden name... *Ann Hallman*

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

16. (a) Informant... *Mrs. Emma Geiger*

(b) Address... *Jamestown, Mo.*

17. (a) *Burial* (b) Date thereof... *10-28-48*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... *Jamestown, Mo.*

18. (a) Signature of funeral director... *Bligh E. Wehrman*

(b) Address... *California, Mo.*

19. (a) *10-25-48* (b) *R. O. Barrie, M.D.*
(Date received local registrar) (Registrar's signature)

Major findings: Of operations... *ATD*

Of autopsy

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?

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

While at work?

(Specify type of place) *D*

(e) Means of injury

23. Signature... *Earl S. Loyd* (M. D. *Mo.*)

Address... *425 Madison* Date signed... *10/25/48*

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 4 NOV 4 1948
Date Filed

JAN 27 1958

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.