

FILED JAN 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 635

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 1891

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gallatin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>50 Years</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 5 North Kansas City Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 5 North Kansas City</u>			

3. NAME OF DECEASED (Type or Print) <u>Robert F. Geiger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1949</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 1, 1876</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lithographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>United States Gov.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bernard Geiger</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Geiger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Geiger</u>	ADDRESS <u>R.R. 5 North KC</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fernal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u>		<u>8 weeks</u>
	DUE TO (c) <u>Hypertensive Cardiovascular disease</u>		<u>10 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1947 to Dec 31, 1948, that I last saw the deceased alive on Dec 31, 1948, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. McBrown</u> (Degree or title)	23b. ADDRESS <u>2035 Swift No. KC Mo</u>	23c. DATE SIGNED <u>1/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 4 1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith's Funeral Home</u>	ADDRESS <u>North Kansas Ci</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-28-49

FEB 14 1949

DEC 7 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City, 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.