

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7258

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR RURAL TOWN <u>Marshall Township</u>		c. LENGTH OF STAY (in this place) <u>8 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR RURAL TOWN <u>Marshall Township</u>		d. STREET ADDRESS (If rural, give location) <u># 3 miles N. of Marshall Mo. R.F.D. 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Thresa</u> c. (Last) <u>Gieringer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 30-1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 14-1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Kept House</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles White</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Brennan</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Gieringer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Gieringer-Marshall, Mo. #3</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypertensive Cardio-Vascular Disease</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I, hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>49</u> , to <u>Jan</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>50</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>James A. Paul M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>1-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>February 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgepark Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>		DATE REC'D BY LOCAL REG. <u>Jan 31-1950</u> REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Swanson</u>		ADDRESS _____		38		(Licensed Embalmer's Statement of Reverse Side)	

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

0490
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2770
0

443X

RECEIVED FEB 6
District Health Officer No. 8,

District File Number.....

Date Filed 2-15-50

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 J. Leslie Sweeney
Licensed Embalmer No. 3235

P. O. Address Marshall, W.

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.