

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62416

FILED JAN 10 1944
Registration District No. 137

Primary Registration District No. 5518

State File No. _____
Registrar's No. 237

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town WICHITA WALKER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALKER TWP. TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether)
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Wichita
(If outside city or town limits, write "RURAL")
(d) Street No. Walker Twp. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GEER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24
year 1943 hour 12:20 minute A.M.
21. I hereby certify that I attended the deceased from Dec 1
1943 to Aug 17 1943
that I last saw him alive on Dec 12 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA E GEER
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased AUG 4 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 78 Months 4 Days 20
If less than one day _____ hr. _____ min.
9. Birthplace BOND CO. Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

MOTHER FATHER
11. Industry or business _____
12. Name FRAY A. GEER
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name MILLBERRY FILE
15. Birthplace Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur Geer
(b) Address Butler Mo.
17. (a) Burial (b) Date thereof Dec 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cem
18. (a) Signature of funeral director J. W. Gollis
(b) Address Clinton Mo.
19. (a) Dec. 26, 1943 (b) Georgia Kitchen
(Date received local Registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. W. Gollis (M. D. or other)
Address Clinton Mo. Date signed Dec 26 1943

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

1067 (Licensed Embalmer's Statement on Reverse Side)

12-43-44
1-8-44

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, ~~_____~~

Registered Apprentice No. _____

working under my personal supervision.

Signed

W. L. Daisant

Licensed Embalmer No.

3779

P. O. Address

Clinton 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.