

No. 2
-12-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34809
Registrar's No. 1068

Registration District No. 85 Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 110 No. 22nd St.
(d) Length of stay: 11 years
In this community 11 years

3. (a) PRINT FULL NAME Martha M. Geha
3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-07-2637

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife Joseph M. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October 26, 1889

8. AGE: Years 50 Months 11 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Mt. Lebanon, Syria

10. Usual occupation seamstress

11. Industry or business W.P.A.
12. Name A. Ganino
13. Birthplace Syria
14. Maiden name unknown
15. Birthplace Syria

16. (a) Informant Marguerite Geha
(b) Address 110 North 22nd

17. (a) Burial (b) Date thereof 10-10-40
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St. St. Joseph, MO.

19. (a) 10/10/40 (b) H. J. Mittlebach
(c) (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 110 North 22nd
(e) If foreign born, how long in U. S. A.? 36 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 8 year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Dec 6 - 1939 to Oct. 6, 1940
that I last saw her alive on Oct 6 and that death occurred on the date and hour stated above.

Immediate cause of death Met. Carcinoma of lungs (secondary)

Due to Carcinoma of tr. Colon - (Primary)

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

Major findings:
Of operations _____
Of autopsy None

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? Home

23. Signature Frank E. St. Joseph (Specify type of place) Home
Address St. Joseph, MO. (e) Means of injury _____
Date signed 10/10/40

Duration 3 months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 *John E. Myers*
Licensed Embalmer No. *7270*
P. O. Address *St. Joseph, 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.