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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24897

FILED AUG 15 1941

Registration District No. 2013

Primary Registration District No. 3014

Registrar's No. 208

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 414 E. McCarty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life. /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 026 3 4
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 414 E. McCarty St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mabel Lena Gieser
3. (b) If veteran, name war XXXXXX
3. (c) Social Security No. XXXXXXXX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Gieser
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 28 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	2	23	..... hr. ..... min.

9. Birthplace Jefferson City, Mo. Cole Co. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
MOTHER FATHER
12. Name Jacob Huegel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Helen Huegel
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Frank Gieser
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview
18. (a) Signature of funeral director Buecher Funeral Home
(b) Address Jefferson City, Mo.
19. (a) 7-17-41 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 10 minute ..... M.
21. I hereby certify that I attended the deceased from May 2 1941, to July 16 1941; that I last saw her alive on July 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Taylor M.D. (M. D. or other)
Address Jefferson City, Mo. Date signed 7-16-41

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Bruscher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.