. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20690

State File No. 225

FILED JUL 14 1942

Registration District No. 85

Primary Registration District No. 1201

Registrar's No. 5-89

11
1
7

JUL 15 1942

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 55 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11

(c) City or town Saint Joseph, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 713 South 10th. Street,
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida May Geiwitz,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife John George Geiwitz,

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 2 (Month) 9 (Day) 1866 (Year)

8. AGE: Years 76 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Muscatine, (City, town, or county) Iowa, (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Henry Hagan,
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Taylor,
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Veille

(b) Address 2403 Patee Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery,

18. (a) Signature of funeral director Heaton Bebel & Bowman Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) June 16, 1942 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th.
year 1942. hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from June 11, 1942, to June 15, 1942
that I last saw her alive on June 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Essential hypertension and coronary arteriosclerosis

Due to Arteriosclerotic nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy Coronary arteriosclerosis arteriosclerotic nephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131a

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 Harold J. Brumm (M. D. ~~or other~~)

Address St Joseph, Mo Date signed 6-16-42

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(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

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 June 15, 4

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 2007

P. O. Address 2 1/2 No. 10 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.