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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31231

FILED OCT 14 1942

Registration District No. 576 Primary Registration District No. 6074 Registrar's No. 23

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Randolph Shop
(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 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM P. GIESSING
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel Giessing
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov (Month) 25 (Day) ..... (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Iron Mountain (City, town, or county) O (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Furniture
MOTHER FATHER
12. Name Charles Giessing
13. Birthplace Lost Lenow (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary Haehn
15. Birthplace Lost Lenow (City, town, or county) 9 (State or foreign country)
16. (a) Informant Leah Giessing
(b) Address Richmond Va
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9. 4. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Farmington Mo.
18. (a) Signature of funeral director C. J. Boyer
(b) Address Desloge Mo.
19. (a) 9-2-1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 1942 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1 1941 to Sept 1 1942 that I last saw him alive on 8-31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis — Duration unk
Due to arterio-sclerosis general
Due to .....
Other conditions Chr. brone - aortic stenosis & reg. (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 N O Goebel (M. D. or other) Address Desloge Mo Date signed 9-2-42

1176 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-12

Date Filed 10-13-4

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 C. Z. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.