

S. No. 2
M-5-42
5-17-34
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22060**
Registrar's No. **57**

FILED JUL 6 1943

Registration District No. **245**

Primary Registration District No. **3047**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Neosho**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Sale-Bowman Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Crawford**
(c) City or town **Pittsburg** (If outside city or town limits, write "RURAL")
(d) Street No. **704 North Elm** (If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Mary Catherine Geyer**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **G.C. Geyer** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **December 6 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **6** Days **11** If less than one day **hr. min.**

9. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business
12. Name **Duffy Conto**
13. Birthplace **Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **not known**
15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **George C Geyer**
(b) Address **Neosho, Missouri**

17. (a) **removal** (b) Date thereof **June 21 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pittsburg Kansas**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Neosho, Mo**

19. (a) **6-19-1943** (b) **Corley Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1943** hour **10** minute **a** M.

21. I hereby certify that I attended the deceased from **June 16 1943** to **June 17 1943**
that I last saw her alive on **June 17, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **right side**

Due to **Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration **24 hrs**
PHYSICIAN **[Signature]**
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? _____

While at _____ (Specify type of place) (c) Means of injury _____
23. Signature **[Signature]** (M. D. or other) **6/17/43**
Address **Neosho, Mo.** Date signed _____

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

73
33
2

MOTHER FATHER

Date Received JUN 28 1943
File No. 743-127

NOV 3 1943

JUL 2 1943

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.....

Licensed Embalmer No. 4976

P. O. Address. Neosho 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.