

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3784  
Registrar's No. 37

FILED DEC 13 1943

Registration District No. 44

Primary Registration District No. 4061

1. PLACE OF DEATH:

(a) County Caldwell,  
(b) City or town Braymer,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
North Main Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Ten Days,  
In this community About ten days or more whether  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell,  
(c) City or town Braymer,  
(If outside city or town limits, write "RURAL")  
(d) Street No. North Main Street,  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Lillian Thresa Giese,

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Walter H. Giese, 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov.-7th., -1896,-  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 0 12 ✓ hr. ✓ min.

9. Birthplace Carroll-County, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business House-Keeping,

12. Name David Jones,

13. Birthplace Wisc.,

14. Maiden name Cate Stauffer,

15. Birthplace Carroll-County, Missouri?  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amy Frank,

(b) Address Braymer, Mo.

17. (a) Burial, ---- (b) Date thereof Nov.-21-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth Cemetery,

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) Nov 23 - 1943 (b) E. A. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 19  
year 1943 hour 3:36 minute P. M.

21. I hereby certify that I attended the deceased from  
November 10, 1943, to November 19, 1943;  
that I last saw her alive on November 17, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Senescence 10 days

Due to Myelogenous Leucemia 3 yrs

Due to ✓

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

Major findings: 74a  
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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature John R. Crout (M.D. or other)

Address Braymer, Mo. Date signed 11-20-43

151 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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, by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*E. P. Michael*

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.**