

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43152
State File No. _____
Registrar's No. 195

Registration District No. 25-1

Primary Registration District No. 3048

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2
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 days
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Skidmore
(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 Charles Henry Geyer

3. (b) If veteran, name war no
(c) Social Security number 487-03-9590

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wina Geyer 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 4 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation bookkeeper

11. Industry or business _____

12. Name Louis L. Geyer

13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Christina Helzer

15. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Skidmore Mo.

(b) Address _____

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 12-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Graham cemetery

18. (a) Signature of funeral director Free Funeral Home

(b) Address Maryville Mo.

19. (a) Dec. 24-43 (b) Ray Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1943 hour _____ minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 20 1943 to Dec 22 1943 that I last saw him alive on Dec 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Presenile thrombosis 4 days

Due to General arteriosclerosis

Due to not known

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

Major findings: Of operations o Of autopsy o
99/11

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 J. A. Bleumer (M. D. or other) _____
Address Maryville Mo. Date signed 12/23/43

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

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.