

FILED JAN 9 1946

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. LOUISE HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 HOUR
(Specify whether years, months or days) 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3675 SUMMIT STREET
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. WIDLIANA GEER

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. # unknown

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LOLA GEER 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased FEBRUARY 13 - 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business KANSAS NOTE, INC.

MOTHER FATHER { 12. Name Wm. B. GEER
13. Birthplace Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Anna MARR
15. Birthplace Ms.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LOLA GEER
(b) Address 3675 SUMMIT STREET

17. (a) BURIAL (b) Date thereof DEC-19-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-19-45 (b) Edw. J. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 17TH Year 1945 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 17 - 1945 to Dec 17 - 1945
that I last saw him alive on Dec 17 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to chronic Hypertension

Duration

4 hrs.

24 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 832

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 R. J. ... (M. D. or other)

Address 124 Prof. Bldg Date signed Dec 18, 45

624 Professional Bell
1-4

JAN 16 1946

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address. Kansas City, 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.