. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40680

State File No.

FILED JAN 43 5 1946

Registration District No.

Primary Registration District No. 2007

Registrar's No. 362

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff, Missouri 7
(If outside city or town limits, write "RURAL.")

(d) Street No.: 625 Poplar Street 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: JOHNNIE GEISE

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Charley Geise

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 20th (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	25	hr. min.

9. Birthplace: Farmington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: John Cole
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Harrison
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Dorthy Lee Pollak

(b) Address: Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Frank- Cotrell Chapel

(b) Address: Poplar Bluff, Missouri

19. (a) 12/17/45 (Date received local registrar) (b) R A Minetree (Registrar's signature)

1422

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1945 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 3rd, 1945 to December 15th 1945 that I last saw her alive on December 14th 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to: Cardiac failure	
Due to: Cardio-vascular renal disease	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 13 10

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: C D Mitchell M.D. (M. D. or other)

Address: Poplar Bluff Mo Date signed 12-17-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-3429
Date Filed 1-2-46

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 George W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.