

FILED JAN 31 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Keokuk  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 709 Washington 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Mo (b) County Jackson  
(c) City or town Keokuk  
(If outside city or town limits, write "RURAL")  
(d) Street No. 709 Washington  
(If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

THOMAS E. GEARY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced W. 7

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased (Month) (Day) (Year) unknown

8. AGE: Years Months Days If less than one day  
app. 78 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Congress Office

(b) Address R.C. Mo.

17. (a) Removal (b) Date of removal (Month) (Day) (Year) 1-7-46

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Seibeto's

(b) Address R.C. Mo.

19. (a) 1-7-46 (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 1946 hour 9:20 minute 0 M.

21. I hereby certify that I attended the deceased from Keokuk 19... to ... 19... that I last saw him alive on ... 19... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy no Autopsy & Inspection

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) (a) Means of injury 3

23. Signature Jesse Williams (M. D. or other)

Address 1424 1/2 11th Date signed 1-4-46

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

MOTHER FATHER

980

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Roy E Snow*

Licensed Embalmer No.....

*2560*

P. O. Address.....

*H E M*

**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.**