

FILED MAY 6 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1948

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 MARY'S HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MONTHS  
(Specify whether years, months or days)

In this community 29 YEARS

3. (a) PRINT FULL NAME MRS. JOSEPHINE L. GIESKE

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 MARRIED

6. (b) Name of husband or wife MR. GEORGE H. GIESKE

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MARCH 9 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>55</u>	<u>1</u>	<u>18</u>	

9. Birthplace WEST GLASGOW MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name JOSEPH SPRIETZER

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

14. Maiden name EMMA SAUTER

15. Birthplace SALINE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. GEORGE H. GIESKE

(b) Address 107th WORNALL ROAD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 27 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. J. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-27-46 (Date received local registrar)

(b) Sheldine Holme (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. 107th WORNALL ROAD  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27<sup>TH</sup> year 1946 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from September 1941, to April 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration 4 Mos

Due to fibrosarcoma Both Breasts 11/23/44  
Both operated - first operation 18 mos after tumor was removed by patient

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: same 50

Of operations \_\_\_\_\_

Of autopsy same

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 5

23. Signature Lio A. O'Brien (M. D. or other) M.D.

Address 1002 aryle K.C. Mo Date signed 4-27-46

1002  
2:30.5  
[Redacted]

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STATEMENT BY LICENSED EMBALMER 4

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.