

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32976**

Registration District No. **55**

Primary Registration District No. **3011**

Registrar's No. **125**

1. PLACE OF DEATH:

(a) County **Carrollton**

(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
401 So. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **4.5 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carrollton**

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

(d) Street No. **401 So. Main**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **FRED GEARY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **13**
year **1946** hour **11** minute **450** M.

21. I hereby certify that I attended the deceased from **June 8th, 1945 to Oct. 5th, 1946**
that I last saw him alive on **Oct. 5th, 1946**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Estelle Knopp** 6. (c) Age of husband or wife if alive _____ years
May 19 1894 (Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis, with chronic hypertension.** Duration _____
He had hypertension for more than a year.

8. AGE: Years Months Days If less than one day

52 4 25 hr. min.

Due to _____

Due to **94A**

9. Birthplace **Clarence Mo.**
(City, town, or county) (State or foreign country)

Other conditions **None**
(Include pregnancy within 3 months of death)

10. Usual occupation **Artist**

Major findings: **No operation.** PHYSICIAN **R. F. Cook M.D.**

11. Industry or business _____

12. Name **Gas F. Geary**

Underline the cause to which death should be charged statistically.
Coronary thrombosis.

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

14. Maiden name **Sophia Stuetgen**

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

16. (a) Informant **Mr. Gas Geary**

(b) Address **Carrollton Mo.**

17. (a) **Burial** (b) Date thereof **10-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Stanley Gibson**

(b) Address **Carrollton Mo.**

19. (a) **10/16/46** (b) **Mrs. Herbert Culbert**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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. F. Cook** (M. D. _____)

Address **Carrollton, Mo.** Date signed **Oct. 16, 1946.**

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

45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-26-46

JUL 16 1946
JUL 2 1946

AUG 12 1949

NOV 27 1946

SEP 8 1947

APR 30 1952

NOV 9 1948

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N.C.

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.