S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37776

Registration District No. 225 — Primary Registration District No. 4335 — Registrar's No. 16

**1. PLACE OF DEATH:**
(a) County: Moniteau
(b) City or town: Tipton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether years, months or days) In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: Tipton, (If outside city or town limits, write "RURAL") 2 0
(d) Street No.: None (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME: George Edward Geiser
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pauline Geiser
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: November (Month), 5th (Day), 1870 (Year)
8. AGE: Years 76, Months 0, Days 7, If less than one day ___ hr. ___ min.
9. Birthplace: Tipton, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired
12. Name of father: Chris Geiser
13. Birthplace of father: (City, town, or county) Germany (State or foreign country)
14. Maiden name of mother: Christiana Utt
15. Birthplace of mother: (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Bauline Geiser (Wife)
(b) Address: Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemetery, Tipton, Mo.
18. (a) Signature of funeral director: Jewell E. Richards
(b) Address: Tipton, Mo.
19. (a) 11-14-46 (Date received local registrar) (b) Mrs Maude Hudson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 12th year 1946 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4/20 1946, to 11/12 1946, that I last saw him alive on 11/12 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombus — Duration
Due to: Arteriosclerosis
Due to: Senility
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 94A
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: J. F. Potts (M. D. or other)
Address: Tipton Date signed 11/13/46

203 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/19/46

## 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 Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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, above space should be left blank.**