

FILED MAR 5 1947

State File No. \_\_\_\_\_

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 26

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Memoral  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jasper Co TB Hospital ( )  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: 7 DAYS (Specify whether  
 In this community 7 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Jasper  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt 3 Bx 109A  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis Jefferson McGeuck  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 24  
 year 1947 hour 1 minute 20 P M.  
 21. I hereby certify that I attended the deceased from  
Feb 17, 1947, to Feb 24, 1947  
 that I last saw him alive on Feb 21, 1947  
 and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race Wk  
 6. (a) Single, widowed, married, divorced Married  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Tuberculosis Pericarditis  
 Due to Inflammatory Siles Tuberculosis

7. Birth date of deceased: Sept 18 1903  
 (Month) (Day) (Year)

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 43 Months 5 Days 6  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Menden Mines Mo  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 - Underline the cause to which death should be charged statistically.

10. Usual occupation miner  
 11. Industry or business \_\_\_\_\_  
 12. Name Lewis McGeuck  
 13. Birthplace Jerman  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margie Dawn  
 15. Birthplace Jerman  
 (City, town, or county) (State or foreign country)

16. (a) Informant Record  
 (b) Address \_\_\_\_\_  
 17. (a) Burial (b) Date thereof 2/26/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Purcell Cemetery  
Hurlbut Und. Co.  
 (b) Address Joplin, Missouri  
 19. (a) FEB. 25. 47 (b) J. L. Hutchins  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
 23. Signature Geo E. Deussen (M. D. or other) \_\_\_\_\_  
 Address Dist Ct Mo Date signed Feb 24 47

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

MOTHER FATHER

131

47-2-158

OCT 22 1947

OCT 27 1947

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 *Jerry K. L. [Signature]*

Licensed Embalmer No. *989*

P. O. Address *[Signature]*

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.