

FILED MAY 15 1947

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County AUDRAIN  
 (b) City or town RURAL CUIVRE TWP  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2 MILES SOUTH VANDALIA  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ 8 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County AUDRAIN  
 (c) City or town RURAL CUIVRE TWP  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 mi. South of VANDALIA  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIZZIE LEE GEILER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife JOHN T. GEILER 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased FEB 19 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE

12. Name SILAS RATKIF

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

14. Maiden name MARGARETT HENDERSON

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

16. (a) Informant JOHN GEILER

(b) Address VANDALIA, MO

17. (a) BURIAL (b) Date thereof 5 8 47  
(Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director Glenn Smith

(b) Address Vandalia, mo.

19. (a) May 8 1947 (b) Mallie Fuqua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5  
 year 1947 hour 8 minute 55 P.M.  
 21. I hereby certify that I attended the deceased from 1947  
 \_\_\_\_\_, 19\_\_\_\_, to 5/5, 1947;  
 that I last saw her alive on 3/2, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 Min.  
 Due to Chronic Myocardial degeneration 10 years  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: 93P  
 Of operations \_\_\_\_\_  
 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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature D. S. P. Doughty (M.D. or other) Do.  
 Address Vandalia, Mo. Date signed 5/6/47

AUG 23 1948

RECEIVED  
District Health Officer No. 10  
District File Number 47-143  
Date MAY 14 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.....

*Ernest D. Wilson*

Registered Apprentice No. *490*

working under my personal supervision.

Signed *Clyde C. Wisney*

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.