. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

Registration District No. 226

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4338

State File No. 14291

Registrar's No. 21

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town MONROE CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 328 West Dover /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City /
(If outside city or town limits, write "RURAL") 0
(d) Street No. 328 West Dover
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET ETTNER GEIST

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 WIDOWED

6. (b) Name of husband or wife JOHN H. 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased SEPTEMBER (Month) 1st (Day) 1867 (Year)

8. AGE: Years 79 Months 7 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace APPLETON (City, town, or county) WISCONSIN (State or foreign country)

10. Usual occupation At HOME

11. Industry or business

FATHER
12. Name FRANK ETTNER 4
13. Birthplace AUSTRIA HUNGARY (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Therisa Fisher
15. Birthplace AUSTRIA HUNGARY 4 (City, town, or country) (State or foreign country)

16. (a) Informant Frank Geist
(b) Address Monroe City Mo R. 3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 3/47 (Month) (Day) (Year)
(c) Place: burial or cremation St JUDES MONROE CITY

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo

19. (a) April 4 1947 (Date received local registrar) (b) Alice Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1947 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-19, 1946, to 4-1, 1947, that I last saw him alive on 3-31, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Sigmoid	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46E	
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 2

23. Signature F. N. Simmons (M. D. or other) D.O.
Address Monroe City, Mo. Date signed 4-1-47

204 (Licensed Embalmer's Statement on Reverse Side)

REGISTERED
District Health Officer No. 10
District File Number 4-47-712
Date Filed APR 15 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 me

..., Registered Apprentice No. ...,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.