

No. 2
2-45
17-39
X47070

FILED AUG 9 1947

Registration District No. **273**

Primary Registration District No. **5836**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. # 4 Neosho, Mo.
(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)
40 Years

3. (a) PRINT FULL NAME **Emma Gensicke**

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

4. Sex **Female** 5. Color or race **White**

6. (b) Name of husband or wife **F.C. Gensicke** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 29 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **28**
If less than one day hr. _____ min. _____

9. Birthplace **Heidelberg Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Henry Bartelt**

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

14. Maiden name **Unknown**

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

16. (a) Informant **W.H. Gensicke**

(b) Address **Rt. # 4 Neosho, Mo.**

17. (a) **Burial** (b) Date thereof **7-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW Salem Cemetery**

18. (a) Signature of funeral director **Bigham Mortuary**

(b) Address **Neosho, Mo.**

19. (a) **July 31, 1947** (b) **Melvin L. Boone**
(Date received local registrar) (Registrar's signature)

(c) Address **Seneca Mo.** Date signed _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt. # 4**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1947** hour **12** minute **30** A M.

21. I hereby certify that I attended the deceased from **June 1, 1947** to **July 27, 1947**
that I last saw him alive on **July 24, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Hypertension

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

Major findings: Of operations _____
Of autopsy _____

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 **M. Boone** (M. D. or other) _____
Address **Seneca Mo.** Date signed **7-29-47**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. Newton

District File Number 8-47-149

Date Filed 8-4-47

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 Cecilia Thomhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.