

FILED JUL 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2748

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3617 E. 23 ST Conv: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 DAYS
(Specify whether
In this community 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KS. (b) County ATCHISON, 999
(c) City or town ATCHISON
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME HERMAN GEISEN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Louisa 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased August 18, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name Jacob L. Geisen

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Intfen

15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant C. Lee Fisher 91

(b) Address Atchison, Kans. 91

17. (a) REMOVAL (b) Date thereof 7-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ATCHISON, KS STINE & MCCLURE

18. (a) Signature of funeral director KANSAS CITY, MO.

(b) Address _____
19. (a) 7-2-48 (b) Heraldine Halmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2
year 1948 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 15, 1948 to July 2, 1948
that I last saw him alive on July 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to unknown

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 97
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? _____

(Specify type of poison) _____
While at work? (e) Means of injury _____
23. Signature Harold A. Ballatt (M. D. or other) M.D.
Address 132 Prof. Blvd. Atchison, Mo. Date signed 7/3/48

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

MOTHER FATHER

11-30
Robert H. Reed
11-30

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 11c. 7no

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.