

Registration District No. 83

Primary Registration District No. 4145

1. PLACE OF DEATH:

(a) County Casper

(b) City or town Prairie Home  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 1 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Casper 27

(c) City or town Prairie Home 3  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Wm S Giers

3. (b) If veteran, name war 0

3. (c) Social Security No. 500-10-5647

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1948 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 27, 1948, to Dec, 1948,  
that I last saw him alive on Dec 4, 1948,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Adelma F. Giers 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 11 9 1917  
(Month) (Day) (Year)

Immediate cause of death, Uremia  
Uterine Disease - Ch. Cordae  
Due to Renal insufficiency 1.5 yrs.  
Due to \_\_\_\_\_

Duration 2 Mos

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>1</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Heris Giers 9

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Anna Burflow

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

16. (a) Informant Mrs. Adelm F. Giers

(b) Address Prairie Home Mo

17. (a) Burial (b) Date thereof 12 12 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director S. A. Albert Horath

(b) Address Prairie Home Mo

19. (a) 12-14-48 (b) V. T. Meredith 72  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92B

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 W. C. Stone (M. D. or other) M.D.  
Address Bonville Mo Date signed 12-11-48

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

79

FEB 2 1949

DEC 30 1948

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**