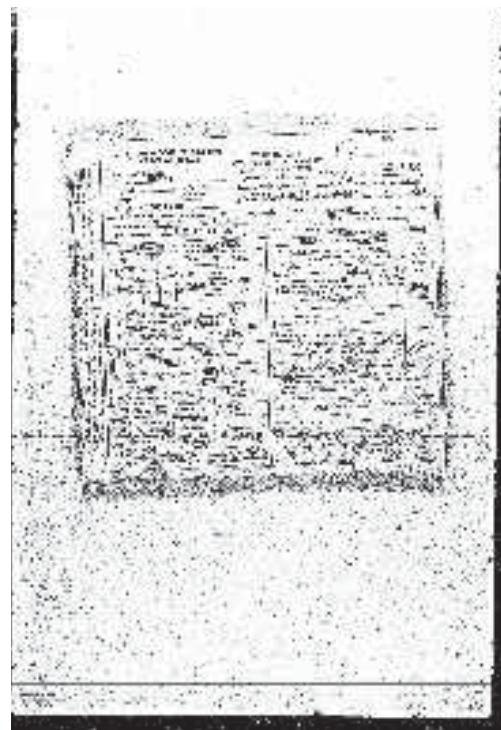


**Elmer J Geis**  
Ohio Deaths, 1908-1953

Attached to: Elmer Jacob Geis  
1881-1941 • L8PB-YRJ

Name:	Elmer J Geis
Event Type:	Death
Event Date:	15 Apr 1941
Event Place:	Massillon, Stark, Ohio
Gender:	Male
Age:	59
Birth Year (Estimated):	1882
Father's Name:	Jacon P. Geis
Mother's Name:	Flora Geis
Spouse's Name:	Jennie M. Geis



The original may contain more information than was indexed.

Record Collection:  
Ohio Deaths, 1908-1953

**Document Information:**

File Number	fn 26708
GS Film number	2023898
Digital Folder Number	004024462
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**Citing this Record**

"Ohio Deaths, 1908-1953," database with images, *FamilySearch* (<https://familysearch.org/ark:/61903/1:1:X2F : 9 March 2018>), Elmer J Geis, 15 Apr 1941; citing Massillon, Stark, Ohio, reference fn 26708; FHL microfilm 2,023,898.

## Language

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U. S. DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

STATE OF OHIO  
DEPARTMENT OF HEALTH

SOCIAL SECURITY

NO. ....

1 PLACE OF DEATH  
County Stark Registration District No. 1212 File No. 26708  
Township 762 Primary Registration District No. 8483 Registered No. 208  
or Village Massillon No. Massillon City Hospital St.          Ward           
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S., if of foreign birth..... yrs..... mos..... ds. Did Deceased Serve in U. S. Navy or Army.....  
2 FULL NAME Elmer J. Geis  
(a) Residence. No. 112 13 St SW St.          Ward          (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE Wh 5. SINGLE, MARRIED, Widowed or Divorced Married

6a. If Married, Widowed, or Divorced Husband of (or) Wife of Jennie M. Geis

6. DATE OF BIRTH (month, day, and year) 5/15/1881

7. AGE (years) Months Days 59 11 - If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) 4/4/44 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (city or town) Massillon (State or country) Ohio

13. NAME Jacon P. Geis

14. BIRTHPLACE (city or town) Massillon (State or country) Ohio

15. MAIDEN NAME Flora Geis

16. BIRTHPLACE (city or town) Massillon (State or country) Ohio

17. The Signature of Mrs Jennie M Geis and (Address) Massillon Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Massillon Ohio Date 4/17/44 1944

19. FUNERAL FIRM Stuyvesant Halling & Co

19a. BURIED BY A. S. G. G. G. Lic. No. 1962

19b. EMBALMER John A. Welch Lic. No. 4126

20. FILED 4-25-44 John A. Welch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/15 1944

22. I HEREBY CERTIFY, That I attended deceased from 11/6 1944 to 4/15 1944. I last saw ~~deceased~~ alive on 4/14 1944. death is said to have occurred on the date stated above at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of cause were as follows: Diabetes

CONTRIBUTORY CAUSES of importance not related to principal cause: amputation of leg 4/14  
gas gangrene

Name of operation Amputation Date of 4/14/44

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?          Date of injury          19        

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?         

If so, specify no except gangrene of foot  
on 4/15 after death stopped  
(Signed) J. E. Perry M. D.  
Date 4/15/44 Address Massillon Ohio

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.