

FILED MAR 23 1944

Registration District No. 204

Primary Registration District No. 50465796

Registrar's No. 157

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

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Walter Springs Rural
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 40 year years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Rural (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 Theodore Bleich
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 6 year 1944 hour 9 minute 0 A. M.
 21. I hereby certify that I attended the deceased from Feb 6 1944 to Feb 6 1944 that I last saw him alive on Feb 3 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married 1 divorced married
 6. (b) Name of husband or wife Louise Bleich 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased: May 16 1862 (Month) (Day) (Year)

Immediate cause of death: Crowned Thrombosis
 Due to _____
 Due to 940
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 81 Months 8 Days 21 If less than one day _____ hr. _____ min.
 9. Birthplace 4 Poland (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Don't know
 13. Birthplace 4 Poland (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace 4 Poland (City, town, or county) (State or foreign country)

16. (a) Informant Karl Bleich
 (b) Address M.S. 4100 mo
 17. (a) Burial (b) Date thereof 2/8/44 (Month) (Day) (Year)
 (c) Place: burial or cremation Boxer Haus Cem
 18. (a) Signature of funeral director William F. Friedman
 (b) Address California mo
 19. (a) 2-11-44 (b) W. G. Gallo (Date received local Registrar) (Registrar's signature)

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 J. B. Dawson (M.D. or other) SO
 Address California Date signed 2/11/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-21-44

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 H.E. Friedmeyer
Licensed Embalmer No. 12854
P. O. Address California 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.