S. No. 2
0M—2-43
5-17-39
1 X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16825

State File No.

ED MAY 25 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2173

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: Trinity Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 Days (Specify whether in this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 9

(d) Street No. 2640 Troost Avenue (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mr. George Dewey Bleich

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Mrs. Betty Bleich

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June (Month) 16 (Day) 1897 (Year)

8. AGE: Years 45 Months 10 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Hickory Creek (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Owner and Operator

11. Industry or business Bagdad Jewelry Company

FATHER
12. Name George Bleich
13. Birthplace Albany (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary E. Parberry
15. Birthplace Macon City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Betty Bleich

(b) Address 2640 Troost Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1943 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Strasburg, Missouri

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-11-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1943 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5/6/43, 19__ to 5/8/43, 19__; that I last saw him alive on 5/8/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative Shock — Duration 30 min

Due to Operative Amputation Rt Leg at Thigh

Due to (1) Multiple Ankylosing Arthritis All Joints — 20 yrs

Other conditions (2) Multiple Varicose Ulcers — 15 yrs

(Include pregnancy within 3 months of death) (3) 59 B

Major findings:
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 place)

While at work (e) Means of injury

23. Signature John Ogilvie MD (M. D. or other)

Address 730 Prof Bldg Date signed 5/10/43

361

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1944

736 Professional Bldg

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address KC 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.