

NOV 12 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Levering Hosp.  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution. (Specify whether)

In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064  
(c) City or town Palmyra 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R R # 3 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Henry William Blecke

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 28, 1967 (Month) (Day) (Year)

8. AGE: Years 76 Months 16 Days 16 If less than one day hr. min.

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

10. Usual occupation Building Contractor

11. Industry or business Retired

12. Name John Blecke

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

14. Maiden name Mary Wiehmeier

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

16. (a) Informant Mrs. Henry Blecke

(b) Address Palmyra Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetry Palmyra

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 9-17-43 (Date received local registrar) (b) RW Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1943 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from July 1943 to 9-13-1943 that I last saw him alive on 9-14-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 52 hr

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 728  
(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. H. Carter 0 (M. D. or other) Address Hannibal Mo Date signed 9-17-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

64  
3  
4

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**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.....

**George T. Bond**

, Registered Apprentice No. **350**

working under my personal supervision.

Signed.....

*Wm. M. Smith*

Licensed Embalmer No. **1204**

P. O. Address **Hannibal Missouri**

**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.**