

FILED MAR 9 1944

Registration District No. **260**

Primary Registration District No. **6225**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Rural Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital # 3 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo 23 days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **GEORGE GLEIM**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
7. Birth date of deceased **August 22 1884**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **29** If less than one day hr. min.

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

10. Usual occupation **Foreman - smelter**

11. Industry or business **K. L. Smelting Co.**

12. Name **John Gleim**

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

14. Maiden name **Katherine Reiss**

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

16. (a) Informant **Mrs. Sole**

(b) Address **2801 Harrison K.C.Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-28-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Meriah Cemetery**

18. (a) Signature of funeral director **Dr. J. Neumann**

(b) Address **1401 Brush Creek Blvd**

19. (a) **2-29-44** (Date received local registrar) (b) **Hezal B. Bunch** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Keokuk City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2634 Cass**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **February** day **27**
year **1944** hour **2:45** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 4**
Jan 5 19**44** to **Feb 27** 19**44**
that I last saw him alive on **Feb 27** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**

Duoy **Meningo-encephalitis?**
(Rupture)

Due to **30 f**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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?

18. (a) Signature of funeral director **R. G. Hall** (Specify type of place) (b) Means of injury **stroke**

23. Signature **R. G. Hall** (M. D. or _____) Address **Nevada Mo** Date signed **2/27/44**

1351

MAR 16 1944

Death Certificate (Class No. 7)

State File No. 2-44-25-1

Date of Death 3-8-44

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.....

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.