S. No. 2
M—3-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41158

FILED JAN 14 1946

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Miller Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry Harrison 38

(c) City or town McFall 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Nancy C Bleish

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August Bleish (Deed)

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

7. Birth date of deceased July (Month) 17 (Day) 1864 (Year)

8. AGE: Years 81 Months 5 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Gentry Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation ____

11. Industry or business Housewife

FATHER
12. Name Lafayette Trimm 1
13. Birthplace ____ (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Lorraine Tiles
15. Birthplace ____ (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs Leslie Gray
(b) Address McFall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation McFall Mo.

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg Mo

19. (a) Dec. 29-1945 (Date received local registrar) (b) Homer M. Milstead (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1945 hour 4 minute 5 P.M.

21. I hereby certify that I attended the deceased from 1 Dec. 21, 1945, to ____, 19__;
that I last saw her alive on Dec. 21, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Endocarditis	3 days
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 33 b	

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 2

23. Signature C. I. Pray (M. D. or other)
Address Albany, Mo. Date signed 12-29-45

1108

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 G L Gromer

Licensed Embalmer No. 2857

P. O. Address Patonsburg 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.