

**FILED MAY 21 1946**

Registration District No. **275**

Primary Registration District No. **5915**

Registrar's No. **39**

**1. PLACE OF DEATH:**  
 (a) County Perry  
 (b) City or town Rural Central  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 68-0-22  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Perry 79  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.

**3. (a) PRINT FULL NAME** Leo Henry Ochs  
 (b) If veteran, name war  
 (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 24  
 year 1946 hour 5 minute P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from April 20  
1946 to April 24 1946  
 that I last saw him alive on April 24 1946  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 2 1878  
(Month) (Day) (Year)  
 8. AGE: Years 68 Months 0 Days 22  
If less than one day hr. min.

Immediate cause of death Pneumonia  
 Due to Chronic Hypertension  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

**MOTHER FATHER**  
 12. Name Christin Ochs  
 13. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Knoll  
 15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emmanuel Ochs  
 (b) Address Perryville Mo. R # 2  
 17. (a) Burial (b) Date thereof 4-27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Freidenberg Mo  
 18. (a) Signature of funeral director Young & Sons  
 (b) Address Perryville Mo.  
 19. (a) April 27, 1946 (b) Joe Swallow  
(Date received local registry) (Registrar's signature)

23. Signature J. Miller (M. D. or other) MD  
 Address Perryville Mo Date signed 4/27/46

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

RECEIVED

District Health Officer No. 4  
File Number 546-2154  
5-20-46

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... Tallas Young .....

Licensed Embalmer No. 4027 .....

P. O. Address Perquimans .....

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.