

FILED JAN 14 1947  
Registration District No. 336

Primary Registration District No. 6207

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Lynch  
(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.....  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County Texas

(c) City or town Rural Lynch  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mi East of Success  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Joseph Blize

3. (b) If veteran, name war.....

3. (c) Social Security No.         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex MA

5. Color or race W

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

6. (b) Name of husband or wife Ellen M. Blize

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Mar 23 1876  
(Month) (Day) (Year)

Immediate cause of death P. B. Pulmonary

Duration.....

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

9. Birthplace Muller Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Prior Lee Blize

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Jane Kuntzer

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Blize

(b) Address Success MO

17. (a) Rural (b) Date thereof 12-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pius

18. (a) Signature of funeral director L. H. ...

(b) Address Lynch MO

19. (a) Dec 30-46 (b) Myrtle Craig  
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations P. B.

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..... (c) Means of injury.....

23. Signature L. H. ... (M. D. or other) MO  
Address Lynch MO Date signed 12-28-46

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

43091

07  
00

321

RECEIVED

District Health Officer No. 5,

District File Number 1479

Date Filed 1-13-47

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ernest E. Ferguson*

Licensed Embalmer No. *2945*

P. O. Address. *Picking Md*

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.