

FILED JUN 7 1944

Registration District No. 37

Primary Registration District No. 4215

State File No.

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Bronington
(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 _____)
In this community _____
year, months or days

3. (a) PRINT FULL NAME

Thomas J Bildenback

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Mamie Kate Bildenback 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 7 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>0</u>	<u>9</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas J Bildenback

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

14. Maiden name Sarah Remmer

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

16. (a) Informant T. B. Bildenback

(b) Address Bronington Mo.

17. (a) Burial (b) Date thereof 5-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bronington

18. (a) Signature of funeral director G. W. Ruff

(b) Address Bronington Mo.

19. (a) May 19 1944 (b) Georgia Kitcher
(Date received of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 5-16 1944 to same date

that I last saw him alive on 5-16 1944

and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to apoplexy

Due to apoplexy

Other conditions (Include pregnancy within 3 months of death) 3rd

Major findings: Of operations _____

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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) _____ (Means of injury)

23. Signature Ed C. Keeler M.D. (M.D. or other) _____

Address Clinton Mo. Date signed 5/19/44

Duration

15 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 12 1944

WOL NHR

RECEIVED

District Health Officer No. 7

District File Number 5-44-707

Date Filed 6-6-44

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 *Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address *Deepwater, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.