CERTIFICATE OF DEATH SOCIAL SECURITY NO. State File No. MICHIGAN DEPARTMENT OF HEALTH Local File No. PLACE OF DEATH: USUAL RESIDENCE OF DECEASED: much County Township. Township. City or Village Ummater City or Village & Irmontor Name of hospital. Street No. 449 South Mais (If not in hospital, give street address.) If foreign born, how long in U. S. A.? In this community 44 lars Color or Race Single, Married, Willowed or Divorced MEDICAL CERTIFICATION temale NAME OF HUSBAND OF WIFE Date of death ... Name Peter Ledick Age, if alive I hereby certify that I attended the deceased from Nov. 13 1941 to november 13, 1945 I last saw her alive on Birth date of deceased leumber 4th Mr. 13, 1945. Death is said to have occurred on the Age: Years | Months | Days date stated above at 7.30 P. M. Birthplace Lenawel Co. Immediate cause of death... Usual occupation Retired 20min. Maiden Name annal Of autopsy In case of violence, state if accident, homicide or suicide. Date Nov. 15, 1945 Where did injury occur?... (Specify city, county, or state) Funeral director's In industry, home or public place?..

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