

Registration District No. **297**

Primary Registration District No. **3016**

Registrar's No. **49**

I. PLACE OF DEATH:

(a) County **Franklin.**
 (b) City or town **Washington.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2**
219 Jefferson St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **X** (Specify whether
years, months or days)
 In this community **29 yrs.**

3. (a) PRINT FULL NAME **Wilhelmina A. Tieman. 550**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband **Henry F. Tieman** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **March 21st, 1864.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	16	hr. X min.

9. Birthplace **Hanover, Germany.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-work.**

11. Industry or business **X**

12. Name **Fred Henselmeier.**

13. Birthplace **Unknown, Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

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

16. (a) Informant **H. A. May**

(b) Address **1306 N. 1st St., Dixon, Ill.**

17. (a) **Burial** (b) Date thereof **May 9th, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo. NIEBURG & VITT, Inc.**

18. (a) Signature of funeral director **Washington, Mo.**

(b) Address **Washington, Mo.**

19. (a) **MAY 8, 1940** (b) **H. A. May**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
 (c) City or town **Washington**
(If outside city or town limit, write "RURAL")
219 Jefferson St.
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **74** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **7th** year **1940** hour **7** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **SEPT. 21 - 1937** to **MAY 7 - 1940** that I last saw her alive on **MAY 7 - 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS** Duration **4 YRS.**

Due to **ABDOMINAL TUMOR (PAINABLE CARCINOMA OF ASCENDING COLON)** **1 Mo.**

Due to **46**
 Other conditions **✓**
(Include pregnancy within 3 months of death)

Major findings: Of operations **✓**
 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? _____
 (e) Means of injury _____
(Specify type of place)

23. Signature **H. A. May** (M. D. or other) **M.D.**
 Address **Washington, Mo.** Date signed **2840**

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

MOTHER FATHER

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 SMC

....., Registered Apprentice No.
working under my personal supervision.

Signed A. J. Meiburg
Licensed Embalmer No. 2387
P. O. Address Washington
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, above space should be left blank.