

S. No. 2
4-13-40
5-17-30
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OCT 10 1940

85

Primary Registration District No. 5127

Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #3
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME Emma Wilmina Tietz

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 15, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William Voss
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma R. Wantz
15. Birthplace State Center Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Her. A. Tietz
(b) Address Industrial City Missouri

17. (a) burial (b) Date thereof Sept. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Meischke
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Sept. 19, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from viewed Sept 17th 40, 19 , to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence Sept 17th 1940y, Mo,

(c) Where did injury occur? Industrial City Mo,
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(e) While at work? no (Specify type of place) (e) Means of injury Hanging

23. Signature B.W. Tadlock Coroner 5
(M. D. or other)
Address King Hill Bldg. Date signed 9/19/40

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 *Ohly Jester*
.....
Licensed Embalmer No. *4154*

P. O. Address.....

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.