

Registration File No. _____

Primary Registration District No. 4280

Registrar's No. 53

FILED OCT 18 1940

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

1. PLACE OF DEATH:

(a) County Laurens
 (b) City or town Amora Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
321 South Elliot
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Thomas P. Lieman

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1906
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>84</u> | <u>3</u> | <u>27</u> | hr. _____ min. |

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

10. Usual occupation cooper 9

11. Industry or business _____ 9

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Ada Lieman

(b) Address 321 South Elliot

17. (a) Burial (b) Date thereof Sept 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple park amora mo

18. (a) Signature of funeral director W. P. Marsh

(b) Address 229 West Church St Amora

19. (a) Oct 1, 1940 (b) R. D. Cowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurens
 (c) City or town Amora
(If outside city or town limits, write "RURAL")
 (d) Street No. 321 South Elliot Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 9 day Monday
 year 1940 hour 11:00 AM

21. I hereby certify that I attended the deceased from July 2/31
 _____, 19____, to Sept 9, 19____.

that I last saw him alive on Aug 12/6, 19____
 and that death occurred on the date and how stated above.

Immediate cause of death Senility
 Duration not known

Due to _____

Due to _____ 162

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? 41%

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. P. Marsh (M. D. or other) _____

Address 127 W. Summit Amora Mo Date signed 9/10/40

RECEIVED

District Health Officer No. 6,

District File Number 1040-2662

Date Filed OCT 7 1941

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 _____

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

Signed Brian L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amoria 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.