V. S. No. 2
0M—5-42
ev. 5-17-39
I X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2835

Registration District No. 208 Primary Registration District No. 5761 Registrar's No. 2

64
0
0

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra Liberty Twp.
(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 Life-Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion 0

(c) City or town Palmyra 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Minnie J. Witland

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 Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 24 (Day) 1858 (Year)

8. AGE: Years 84 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Palmyra Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business XXXXXXXXXXXXXXXXXXXX

FATHER
12. Name Frank Simon Tiefenbrum
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Marie Krummell
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Miss Mary Tiefenbrum
(b) Address Palmyra Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 1/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director A M Sprague
(b) Address Palmyra Mo.

19. (a) 1-5-43 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jany 3, 1943, to July 3, 1943; that I last saw her alive on Jany 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Saw any one

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Dnd
Know

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature T. P. Roselle (M. D. or other) 0

Address Palmyra Date signed 1-5-43

(Licensed Embalmer's Statement on Reverse Side)

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 A. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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, fact should be so stated above.