

Registration District No. 6-0-22 Primary Registration District No. 44-2-6088 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL.")
(d) Street No. 668 W Boyd (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD FRANK TIEMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 711-01-4121

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced

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

7. Birth date of deceased oct - 4 - 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Herman Tieman

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

14. Maiden name Christina Neuhauer

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

16. (a) Informant T. L. Haggard
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof mdc - 4 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem, Marshall Mo

18. (a) Signature of funeral director Harry Harshberger
(b) Address Marshall Mo

19. (a) 3-6-43 (b) Mrs. John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mch day 1
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12 inquest March 1 1943
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature P. P. Lawless Coroner Saline Co
Address Marshall Mo (M. D. or other) _____
Date signed 3-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER - FATHER

7 ms
404 5

RECEIVED

District Health Officer No. 8,

District File Number

Be. Filed 4-7-43

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

Harry Hershberger, Registered Apprentice No. *334*
working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. *2478*

P. O. Address *Chenloy 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.