

**FILED** APR 12 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
802 East 15th  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 65 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 802 East 15th  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Frederick Paul Tietze

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Louise Tietze 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased July 8 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Electrician

11. Industry or business

12. Name John Tietze  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Ernstein  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Tietze  
 (b) Address 802 East 15th  
 17. (a) Burial (b) Date thereof March 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director McLaughlin Bros.  
 (b) Address Sedalia, Missouri

19. (a) 4-1-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
 year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb - 11 1946 to March - 27 1946  
 that I last saw him alive on March - 27 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of Brain, coma, Duration 24 hr

Due to Cardiac hypertrophy  
with infarction

Due to myocarditis

Other conditions 950  
(include pregnancy within 3 months of death)

Major findings:  
 Of operations ✓  
 Of autopsy 950

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?

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

23. Signature Alfred G. Hoover (M. D. or other) MD  
 Address 111 W. 9th Sedalia Mo. Date signed 3-28-46

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-11-46

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 K.P. McElravy  
Licensed Embalmer No. 3153  
P. O. Address Sodalia, 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.