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

13046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14143

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural---Elm Tmp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Livonia, Mo. (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. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 86

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rebecca Elizabeth Tietsort

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Peter Tietsort

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

7. Birth date of deceased May 15 (Month) 1875 (Day) (Year)

8. AGE: Years 70 Months 10 Days -- If less than one day hr. min.

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

10. Usual occupation hom work

11. Industry or business

FATHER
12. Name James W. Tremmell
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dosha Followill
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mary Brookhart

(b) Address Livonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Plesent Home Cem

18. (a) Signature of funeral director J. D. Husted

(b) Address Unionville, Mo.

19. (a) 3-24-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 14 1946 to March 15 1946 that I last saw her alive on March 15 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Arteriosclerosis + hypertension	20 years
Due to: Chronic glomerulonephritis	20 years
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Chas L Judd (M. D. or other) D.O.

Address Unionville Mo Date signed 3-16-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-874
Date Filed APR 22 1946

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 Mark E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville 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.