

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution Vails Sanatorium
(d) Length of stay: In hospital or institution 9 months
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. Tieman

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

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

6. (b) Name of husband or wife Nora Stark Tieman
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20 - 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 13
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Jeweler

12. Name William F. Tieman

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

14. Maiden name Helena Ruffler
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E. K. Crow
(b) Address 700 Procter Independence, Mo

17. (a) Burial (b) Date thereof Jan 6 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottumville, Mo

18. (a) Signature of funeral director J. H. Mitchell
(b) Address 310 No. Main St.

19. (a) 1-12-47 (b) J. H. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 5, 1946, to January 2, 1947, that I last saw him alive on January 2, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery heart disease 9 mo. 2 wks. C decompensation
Due to: Generalized arteriosclerosis 10+ years

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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?
(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 W. H. Hinkson (M. D. or other) M. D.
Address 1210 S. Main Independence, Mo. Date signed 1/3/47

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

48
4
4

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 Henry G. Mitchell
Licensed Embalmer No. 3925-
P. O. Address Independence, 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.