

S. No. 3700
M-10-47
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16559
2213
Registrar's No.

18
3
8

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

1. PLACE OF BIRTH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hoop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Blackburn
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oscar A. Tieman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (e) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hulda Tieman 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased November 14, 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name August Tieman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Rohman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hulda Tieman
(b) Address Blackburn, Mo.

17. (a) removal (b) Date thereof 5-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Mo

18. (a) Signature of funeral director E. G. Minneshaw

(b) Address Blackburn Mo

19. (a) 5-26-48 (b) Gertrudine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 8 minute 10 AM

21. I hereby certify that I attended the deceased from April 20, 1948, to May 26, 1948;
that I last saw him alive on May 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death (terminal) Uremia (Prerenal type) Duration 10 days
Due to Congestive heart failure 6 weeks

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

Major findings: !!! PHYSICIAN _____
Of operations _____
congestive heart failure
Of autopsy Pulmonary infarctions
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 0

23. Signature William J. Sanders M. D. or other _____
Address 720 Ferguson Rd Date signed 5/26/48

SEP 18 1952

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.....

Licensed Embalmer No.....

P. O. Address.....

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.