FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35734

Registrar's No. 1306

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2111 South 11th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 South 11th Street 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John P. Tierney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased Unk. (Month) About (Day) 1880 (Year)

8. AGE: Years ✓ about 68 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Witchita Kans. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name John Tierney 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha (Unknown) 9
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.H. Brieschke
(b) Address 2111 South 11th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 12-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1948 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from 12-1-48, 19..., to 12-1-48, 19...; that I last saw him alive on 12-1-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart disease Arterio-Sclerotic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autops 97

Duration: I do not know

PHYSICIAN

Underline the cause of 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 (b) Means of injury 0

23. Signature John L. Byrne (M. D. ~~or other~~)
Address St. Joseph, Mo. Date signed 12-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1949

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 Max W. Bickering, Registered Apprentice No. 278 working under my personal supervision.

Signed Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.