No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 112

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40626

Primary Registration District No. 3034

Registrar's No. 82

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Higginsville, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: Higginsville, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: m308 Sheby St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Ida Tieman
3. (b) If veteran, name war:
3. (c) Social Security No.: 496-10-3795
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emil Tieman
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: April 9th 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	8	2	hr. min.

9. Birthplace: Corder, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER
12. Name: Gustave Hartwig
13. Birthplace: Owensville, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Saak
15. Birthplace: St. Genevieve, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Emil Tieman
(b) Address: Higginsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/14/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Alma, Missouri.
18. (a) Signature of funeral director: [illegible]
(b) Address: Higginsville, Mo.
19. (a) 12-16-1948 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1948 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 17, 1948 to Dec. 12, 1948 that I last saw her alive on Dec. 11, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the ovary with side spread abdominal metastasis	Apprx. 6 mons.
Due to: None	
Due to: None	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (e) Means of injury:
23. Signature: [illegible] (M. D.)
Address: Higginsville, Mo. Date signed: 12-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-28-48

MAY 18 1950

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. ~~[illegible]~~, working under my personal supervision.

Signed Forest Rickhof

Licensed Embalmer No. 4284

P. O. Address Higginsville 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.