

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25499  
Do not use this space.

AUG 24 1938

1. PLACE OF DEATH  
 (a) County Iron Registration District No. 391  
 (b) Township Caledonia Primary Registration District No. 4230  
 (c) City Ironton (d) Street No. St. Marys of Ozarks Hospital Registered No. 46  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Tiefenauer 156  
 (a) Residence, No. Caledonia Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 1 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton Mo. Manger Mo.  
 FATHER 13. NAME William Tiefenauer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monger Mo. Mo.  
 MOTHER 15. MAIDEN NAME Francis Hockinghomer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia Mo.  
 17. INFORMANT Wm. Tiefenauer  
 (ADDRESS) Caledonia Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE July 25, 1938  
 19. FUNERAL DIRECTOR Norman White & Sons  
 (ADDRESS) Ironton Mo.  
 20. FILED July 27, 1938 Ra. R. R. R. Local Registrar. 353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 24, 1938.  
 I last saw her alive on July 24, 1938. Death is said to have occurred on the date stated above, at 2:00 P.  
 The principal cause of death and related causes of importance were as follows:  
meningitis secondary to enteritis  
 Date of onset 11/9/38  
 Other contributory causes of importance:  
 Name of operation none Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) George Gay, M. D.  
Ironton Missouri

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**