S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13431

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1412

48 3 8

1. PLACE OF DEATH:
(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: K.C.General Hospital No. 1 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 915 Holmes St. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OTTO H. TIEDE
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Evelyn B. Tiede
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan (Month) 4 (Day) 1866 (Year)
8. AGE: Years 75 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Elkport, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation None - Retired
11. Industry or business
FATHER 12. Name Wm Tiede 4
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Henrietta Wolf
MOTHER 15. Birthplace Hamburg, Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address K.C. Gen Hosp KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Mo
18. (a) Signature of funeral director Turner Hell Funeral Home
(b) Address 343 Harrison St
19. (a) Apr 9 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1941 hour 8 minute A.M. M.
21. I hereby certify that I attended the deceased from 3-26-41, 19.. to 4-9-41, 19..; that I last saw him alive on 4-9-41, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes mellitus (clinical) Chronic
Arterio-vascular nephritis; generalized
Due to arteriosclerosis
61
Due to 61
Other conditions Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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? (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 0
23. Signature Harry R. Shaw (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed Victor E. Simmons

Licensed Embalmer No. 2896

P. O. Address 343 Harrison st

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.