S. No. 2
M—9-4-41
5-17-39
X2[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1926

FILED FEB 5 1943

Registration District No. 65 Primary Registration District No. 5251 Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Mendon Mo Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME GEARld W. Tiemeyer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 18 (Day) 1940 (Year)

8. AGE: Years 2 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Triplett Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Carl Tiemeyer
13. Birthplace Kansas (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Treba Singleton
15. Birthplace Bedford Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Carl Tiemeyer
(b) Address Mendon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 12 (Day) 43 (Year)
(c) Place: burial or cremation Wheeling Mo
18. (a) Signature of funeral director S. L. Leigh
(b) Address Mendon Mo
19. (a) Jan 18, 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1943 hour 11 minute p M.
21. I hereby certify that I attended the deceased from Jan 10, 1943, to Jan 10, 1943;
that I last saw him alive on Jan 10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Burn of body surface
Due to primary shock
Due to Respiratory failure
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

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) Accident 021
(b) Date of occurrence Jan. 10, 1943
(c) Where did injury occur? Mendon (City or town) Chariton (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Can expected (e) Means of injury Kerosene
23. Signature [illegible] Fowler 2 (M. D. or other) RD
Address Mendon Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-8-43

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 D. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.