

FILED JUL 12 1943

Registration District No. 139

Primary Registration District No. 4226

Registrar's No. 49

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

44
00

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Corning
(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 82 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

(c) City or town Corning
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Charles Edward Thieman

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month 6 day 24
year 1943 hour 7:30 minute 30 M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella V. Thieman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 10, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 June 1943 to — 19— ;
that I last saw him alive on 6-24 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>14</u>	hr. <u>—</u> min. <u>—</u>

Immediate cause of death Scrotum gangrene Duration 5 da.

9. Birthplace Corning Mo.
(City, town, or county) (State or foreign country)

Due to Chronic Valvular Heart disease 5 yrs.

Due to —

10. Usual occupation Retired farmer

Other conditions ✓ 92d
(Include pregnancy within 3 months of death)

11. Industry or business On farm

PHYSICIAN —

12. Name Henry Thieman

Major findings: ✓
Of operations —

13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

Of autopsy ✓

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Steele

(b) Address Corning, Mo.

17. (a) Burial (b) Date thereof 6/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. O. O. F. - near Cray

18. (a) Signature of funeral director Wilbur L. Schooled

(b) Address Craig, Mo.

19. (a) 6-26-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

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? —

While at work? ✓ (Specify type of place)

(e) Means of injury —

23. Signature Oliver Thieman (M. D. or other) —

Address Corning Mo. Date signed 5-23-43

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.