S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3753

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4548

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: At Home / 2821 E 10th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 2821 East 10th Street 8
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Joseph J. THIEL

3. (b) If veteran, name war: None

3. (c) Social Security No.: 558-26-1937

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Florence ~~Catherine~~ Bertha THIEL

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: July 28th, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	2	24	hr. min.

9. Birthplace: Springdale, Kansas / (City, town, or county) (State or foreign country)

10. Usual occupation: Pharmacist, Manager -

11. Industry or business: Pharmacy Co.

FATHER
12. Name: Matthias Bernard Thiel
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna A Hardwig
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Florence B. Thiel, wife
(b) Address: 2821 East 10th St., K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/26/43. (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kansas.

18. (a) Signature of funeral director: Mellody - McGilley
(b) Address: K. C. Mo.

19. (a) 10-26-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

Def. 560.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 nd year 1943 hour 10:25 minute P.M. M.

21. I hereby certify that I attended the deceased from 10/12/41 to 10/22 1943 to 10/22/43 1943 that I last saw him alive on 10/22/43 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage

Due to: Hypertension & arteriosclerosis

Due to: 830

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) - - -
(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: [signature] DO 2 (MD or other)
Address: 123-N. Gladstone Date signed: 10/25 1943.

Gen. 2462.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.