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FILED FEB 6 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 376

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:
3932 Central Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3932 Central
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henning Tiderman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elen Tiderman 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased December 13th 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired custodian

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Tiderman
(b) Address 3932 Central Street

17. (a) Burial (b) Date thereof 1-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 1-23-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 10 - 1943 to Jan 21 - 1945
that I last saw him alive on Jan 21 - 1945
and that death occurred on the day and hour stated above, 1945

Immediate cause of death Chronic Myocarditis
Hypertension

Due to Hypertension - 10 years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(d) Did injury occur in or about home, on farm, in industrial place, in _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. W. Brasher, M.D. (M.)
Address 3706 Broadway, K. C., Mo. Date _____

PHYSICIAN
Duration 4 hrs.
Underline the cause to which death should be charged statistically.

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

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.....

Joseph R. Hunt

Registered Apprentice No. *364*

working under my personal supervision.

Signed.....

Elmer C. Widelin

Licensed Embalmer No. *3495*

P. O. Address *K. C. 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.