

FILED APR 23 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14061

Registration District No. 234

Primary Registration District No. 5816

Registrar's No. 5

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RICHMOND Twp. 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 JACKSON
(c) City or town KANSAS CITY 44
(If outside city or town limits, write "RURAL")
(d) Street No. 9th TRooST (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
- If yes, name country _____

3. (a) PRINT FULL NAME VIDA VALERA TIEMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESSE TIEMAN
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased OCT 10 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 9
If less than one day hr. _____ min. _____

9. Birthplace MORGAN COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name MINOR GOODE
13. Birthplace COOPER COUNTY MO
(City, town, or county) (State or foreign country)
14. Maiden name PERSILLA BAUGHMAN
15. Birthplace MORGAN COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant JESSE TIEMAN
(b) Address FLORENCE MO

17. (a) BURIAL (b) Date thereof MARCH 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORENCE CEM

18. (a) Signature of funeral director J. L. Steverson

(b) Address _____

19. (a) April 4, 1945 (b) Henry Rupp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19th
year 1945 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased on March 16 45
_____ 19____ to _____ 19____
that I last saw her alive on Mar 16
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach and liver
Due to Cancer left Breast - Previously removed
Due to _____
Duration One year
Don't know

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Don't know
Of operations _____
Of autopsy none 50
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 _____
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 W. G. Keenan (M.D. or other) _____
Address Florence Mo Date signed 3/20/45

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

1030

RECEIVED
District Health Officer No. 71
License No. Member 3-43-223
Date Filed 4-10-40

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..... J. L. Stevinson
Licensed Embalmer No. 4073
P. O. Address Stour 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.