

FILED APR 26 1946

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 805 Franklin 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 805 Franklin 3
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH HERMAN THIES

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1946 hour 7 minute 10 a.m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Meccha Thies 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March-13-1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1
Feb 10 1946, to April 1 1946,
that I last saw h.i.m. alive on March 31 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 0 Days 19
If less than one day hr. _____ min. _____

Immediate cause of death C.A. of rectum Duration 1 yr

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

Due to _____

Due to _____

10. Usual occupation Carpenter

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Thies

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

14. Maiden name Sophia Albring

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

16. (a) Informant Mr. J. H. Thies

(b) Address 805 Franklin Moberly MO

17. (a) Burial (b) Date thereof Apr-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow MO

18. (a) Signature of funeral director John General Home

(b) Address Moherly Missouri

19. (a) Apr. 3-46 (b) John Williams
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 _____ 2

23. Signature W. H. McCormick (M. D. or other) D.O.

Address 300 1/2 Reed St. Moberly MO Date signed 4-1-46

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

MOTHER FATHER

APR 26 1946

RECEIVED

District Health Officer No. 10

District File Number 4-46-910

Date Filed APR 25 1946

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.