

FILED JUN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1811 Murphy /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1811 Murphy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judius August Tesche

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 26 If less than one day
hr. min.

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

10. Usual occupation Retired Railroad Engineer

11. Industry or business Coal

12. Name Carl Tesche
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Waskey
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna McElhenie
(b) Address 1811 Murphy, Joplin, Mo.

17. (a) Removal (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartford, Arkansas

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 5-31-46 (b) Ed Dennis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 1 minute 30A M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature _____ (Specify type of place) (e) Means of injury _____
Address 2114 Joplin Date signed 5/31/46
(M. D. or other)

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

46-5-501

61 6 T 701

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.