

FILED JUN 30 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 217

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME DANIEL C. TISCH

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Annie Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 8 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 1 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Railroad Retired

11. Industry or business \_\_\_\_\_

12. Name Dan Tisch

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

14. Maiden name Rate Hardner

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

16. (a) Informant Marvin D. Tisch

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 6-18-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 6-18-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. P.F.D. #5  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1947 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 10  
19 47 to June 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cor pulmonale

Due to Emphysema Duration 2 yrs

Due to Chronic Bronchitis 15 yrs

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature David R. Edwards (M. D. or other) M.D.  
Address 1070 S. Ohio Sedalia Mo Date signed 6-17-47

RECEIVED

District Health Officer No. 8,

8:15 PM June 16

District File Number

Date Filed

6-27-47

APR 21 1947

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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

K.P. McCreary

Licensed Embalmer No. 3153

P. O. Address, Sedalia, 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.