

FILED AUG 16 1948

Registration District No. **283**

Primary Registration District No. **3039**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town McVernon Rt 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Rt 3 McVernon, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town McVernon Rt 3
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman W. Tiesel

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Amanda Tiesel 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 15 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Tiesel
13. Birthplace Glodnow Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Holzer
15. Birthplace Uphausen Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Amanda Tiesel
(b) Address Rt 3 McVernon, Mo.

17. (a) Burial (b) Date thereof Apr 12 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tion Evangelical Cemetery

18. (a) Signature of funeral director Max L. Jorsett
(b) Address McVernon Mo

19. (a) Aug 3-48 (b) Cecil Sandvick
(Date received local registrar) (Registrar's signature) DR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1948 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from April 8 48
_____ 19 _____ to Apr 9 1948
_____ 19 _____ and that death occurred on the date and hour stated above.

that I last saw him alive on 4-8-48 _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death Voluntarily asphyxiation
Due to myocarditis
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AMP
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 F. J. Mooring (M. D. or other) _____
Address Monett Mo Date signed 4/13/48

