

FILED AUG 9 1946

Registration District No. 27

Primary Registration District No. 3046

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitarium 0
(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 Morgan 71
(c) City or town Excelsior 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Tising Not fleet

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

4. Sex f / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 2 hr. min.

9. Birthplace Cole County U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Fredrick Tising
13. Birthplace Cincinnati, Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Vanpad /
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Martine
(b) Address High Point, Mo.

17. (a) High Point (b) Date thereof 7/25/46
(Place of burial or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director H. S. Russell
(b) Address Wassell's Mo

19. (a) 7-24-46 (b) H. R. Ropajoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 26
1946 to July 23 1946
that I last saw her alive on July 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 mo
Due to Arterio Sclerosis.

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

Major findings: _____
Of operations g/hw
Of autopsy _____

Duration

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 0
23. Signature L. L. Latham (M. D. or other) 0
Address California Mo Date signed 7-24-46

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

RECEIVED
District Health Officer No. 9,
District File Number 8-4-113
Date Filed 8-8-46

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. H. Keenan

Licensed Embalmer No. 1546

P. O. Address Des Moines, Iowa

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.