

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11174

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
(b) Township GALENA Primary Registration District No. 2002 Registered No. _____
(c) City Joplin or _____ (d) Street No. Dea on arrival at Freeman Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

362 RUSSELL EVERETT SIDERS
(a) Residence, No. 2106 Jackson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1923
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 9 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'NEIL, NEBRASKA

FATHER 13. NAME EVERETT SIDERS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME VINA E. TAYLOR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLARENDON IOWA

17. INFORMANT (ADDRESS) Edwin Taylor
(uncle) 2106 Jackson, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE April 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Laurel Mortuary
Joplin, Mo.

20. FILED 4-1-39 Ed J. Jerns
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw deceased alive on March 30, 1939. Death is said to have occurred on the date stated above, at Joplin, Mo. 3/29/39.
The principal cause of death and related causes of importance were as follows:

Automobile accident
Basal fracture of skull fracture - part of head - left side fracture of right ankle

Other contributory causes of importance:
Riding bicycle on night at Joplin - wheel was struck by car

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/29, 1939
Where did injury occur? Joplin - Jasper Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury on main street
Nature of injury Automobile accident
Basal part of skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) R. S. Winchester Coroner, M. D.

(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-869

Date Filed APR 12 1939

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, above space should be left blank.