

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29366

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 36

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town BOWLING GREEN MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LOCUST ST 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 YEARS (years, months or days)

3. (a) PRINT FULL NAME KATHRYN SIDWELL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 21 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 29 If less than one day
hr. _____ min. _____

9. Birthplace PIKE CO MO A.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL SIDWELL
13. Birthplace PIKE CO MO A.
(City, town, or county) (State or foreign country)
14. Maiden name NANCY JACKSON
15. Birthplace PIKE CO MO A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Miller
(b) Address Ashley Mo

17. (a) BURIAL (b) Date thereof AUG 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DOVER CEMETERY

18. (a) Signature of funeral director W. F. Sude
(b) Address Louisa Mo

19. (a) 8-23-1940 (b) W. J. Sude
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE
(c) City or town BOWLING GREEN MO
(If outside city or town limits, write "RURAL")
(d) Street No. LOCUST ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug 20 day _____
year 1940 hour 9:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 1, 1940, to Aug 20th, 1940;
that I last saw her alive on Aug. 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Due to _____
Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? 616 (Specify type of place) (e) Means of injury _____

23. Signature J. B. Papp, M.D. (M. D. or other) _____
Address Bowling Green, Mo Date signed 8/21/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 9-70-1697

Date Filed SEP 5 1940

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.....

Harold Garner, Registered Apprentice No.....
working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Linn County 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.