

FEB 18 1941

Registration District No. 6874

Primary Registration District No. 4408

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Bowling Green
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

3. (a) PRINT FULL NAME Mattie Elvin Gidney

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Chas R Gidney 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased July 7 1888
 (Month) (Day) (Year)

8. AGE: Years 52 55 Months 6 Days 1 If less than one day _____ hr. _____ min.9. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Powell
 13. Birthplace Madison Co Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Greene
 15. Birthplace Pike Co Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas R Gidney
 (b) Address Bowling Green, Mo
 17. (a) BURIAL (b) Date thereof 1-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director Grace Banthead
 (b) Address Bowling Green Mo

19. (a) 1-10-1941 (b) J. J. Summerkamp
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike
 (c) City or town Bowling Green
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1941 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1st, 1941 to Jan 7th, 1941;
 that I last saw her alive on Jan 4,, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration _____
 Due to _____
 Due to _____

Other conditions Arterio-sclerosis
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy none

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 James B. Bragg M.D. (M. D. or other) _____
 Address Bowling Green, Mo Date signed 1/9/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-204

Date Filed FEB 7 1941

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 Grace Danfere

Licensed Embalmer No. 2204

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

**MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3860

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Mattie Elvin Sidney
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased July - 7 - 1888
(Month) (Day) (Year)

8. AGE: Year 53 Months 6 Days 1 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
 19. (a) 10-19-11 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month Jan day 7
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature James Bragg (M. D. or other) _____
 Address Bowling Green Date signed _____

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

SUPPLEMENTARY

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

11/14

