V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31098

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

82
2
1

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 72 - 11 - 28 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lizzie B. Sidle

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andy Sidle

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. (Month) 30 (Day) - 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	28	hr. min.

9. Birthplace Near Bowling Green (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation at Home

11. Industry or business Wife

FATHER
12. Name Anson Bradbury
13. Birthplace Pike Co. (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Mary Tedrow
15. Birthplace Pike Co. (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Andy Sidle
(b) Address Bowling Green

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green

19. (a) Sept 29/42 (Date received local registrar) (b) F C Haleigh Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th. year 42 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 19th, 1942 to Sept. 28th, 1942 that I last saw her alive on Sept. 26th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

830

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature James B. Biggs M.D. (M.D. or other)
Address Bowling Green, Mo. Date signed 9/28/42

1169

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1948

RECEIVED
District Health Officer No. 10
District File Number 10-42-1900
Date Filed OCT 12 1942

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 N. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.