

FILED MAY 24 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17919

State File No. \_\_\_\_\_

Registration District No. 101

Primary Registration District No. 5395

Registrar's No. 46

1. PLACE OF DEATH: Douglas

(a) County Douglas

(b) City or town Ava Rural Brown Twp

(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 5 years years, months or days

3. (a) PRINT FULL NAME Sallie Tidwell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Tidwell

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 21, 1865

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 20 hr. min.

9. Birthplace Laurel Hill, Lawrence Co., Tenn.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Coran

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Tidwell

(b) Address 4421 - main A.C.

17. (a) Burial (b) Date thereof 4-13-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 5-1-1944 (b) Miss J.R. Spaulock

(Date received local registrar) (Deputy Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 34

(a) State Missouri (b) County Douglas

(c) City or town Ava

(d) Street No. Brown Stp

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11

year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr. 9, 1944

only, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on Apr. 9, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 J. L. Gentry (M. D. or other) \_\_\_\_\_

Address Ava Mo Date signed 5-6-44

RECEIVED *S. J. L. Gentry*  
District Health Officer No. 6,  
District File Number *544-584*  
Date Filed *MAY 17 1944*

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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..... *W. B. Sutherland*  
Licensed Embalmer No. *3431*  
P. O. Address..... *Over Mo*

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, fact should be so stated above.