

FILED MAY 19 1947

Registration District No. _____

Primary Registration District No. 5900

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Deering Bldg. & Ice
(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 2 yrs
years, months or days

3. (a) PRINT FULL NAME Georgia Ann Sidwell

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 27 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Winston Co Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

12. Name Jack Taylor

13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Charlie Sidwell

(b) Address Kenneth Ave Bldg 3

17. (a) Removal (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haleyville Ark

18. (a) Signature of funeral director Nicholas J. Jones
(b) Address Haleyville Ark

19. (a) 5-9-47 (b) H. K. Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1947 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 25
1946 to April 27 1947
that I last saw her alive on April 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 5 days

Due to Cardio renal disease

Due to _____

Other conditions ADP
(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 1

23. Signature H. B. Farnsworth (M. D. or other) DO.
Address Braggadoo, Mo. Date signed 5-2-47

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

5-12-159

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 John G. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 439

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.