

U.S. No. 2
OM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 4 1947
278

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28604
Registrar's No. 85

Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike Co Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-7-47
(Specify whether
In this community 79 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: A
(a) State Mo (b) County Pike 8, 30
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 3
year 47 hour 8 minute 20 P.
21. I hereby certify that I attended the deceased from 6
2 7 1947 to 8-3-47
that I last saw him alive on 8-3-47
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Lynn Sidle
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 14 1867
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia 3 days
Due to Hypertensive Cardiovascular Renal Disease yrs
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 11 Days 19 If less than one day _____ hr. _____ min.
9. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Charles Sidle
13. Birthplace _____
14. Maiden name Elizabeth Stewart
15. Birthplace _____
16. (a) Informant Andy Sidle
(b) Address Blk, mo
17. (a) Burial (b) Date thereof 8-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green
18. (a) Signature of funeral director W. B. E. Emmer
(b) Address Bowling Green
19. (a) 8/5/47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

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 Chas. H. Linell (M. D. or other) MD
Address Louisiana Mo Date signed 8/9/47

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

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OCT 26 1948

RECEIVED
District Health Officer No. 10
District File Number 9-47-1168
Date Filed SEP 3 1947

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. Edwards*

Licensed Embalmer No. *3466*

P. O. Address *Brooklyn 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.