S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1947

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35294

State File No.

Primary Registration District No. 5942

Registrar's No. 70

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural - Rolla Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route No. 3 Newburg Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 3 Newburg Mo.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J. Sidwell
3. (b) If veteran, name war X
3. (c) Social Security No. 486-18-0623
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Julia Sidwell
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased October 16, 1904 (Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Phelps County, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker.
11. Industry or business Johnston-Stevens-Shinkle Co.,
FATHER
12. Name George Sidwell
13. Birthplace Miller County, Mo., O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Huskey
15. Birthplace Phelps County Mo., O
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Julia Sidwell
(b) Address Rt. 3 Newburg Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Huskey Cemetery
18. (a) Signature of funeral director Null & Sons F. H.
(b) Address Rolla, Missouri
19. (a) 10-30-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour 11 minute 40PM M.
21. I hereby certify that I attended the deceased from Oct 1, 1947 to Oct 15, 1947
that I last saw h. alive on 10-15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: 2 wks.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) none.
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? (Specify type of place)
While at work? (e) Means of Injury O
23. Signature E. E. Faind M.D. (M. D. or other)
Address Rolla Mo Date signed 10-17-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 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 Paul E. Nyell, Registered Apprentice No. 428, working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 3394

P. O. Address Nella Mo.,

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.