

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 14

FILED JUN 19 1942

Registration District No. 123 129

Primary Registration District No. 5780

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural, Shawnee
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cape Gir 16
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Dawson Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OWENS CURTIS SIDES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Cora Morton Sides 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 8, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 15 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Edward Sides
13. Birthplace Fruitland Mo (City, town, or county) (State or foreign country)
14. Maiden name Beatrice McLand
15. Birthplace Neely Landing Mo (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Obermately

(b) Address Salmons mo 211 west mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof May 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Jackson

(b) Address Jackson Mo.

19. (a) 5-24-42 (Date received local registrar) (b) J. Schoser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from April 1 1942 to May 14 1942 that I last saw him alive on May 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. Duration 5 yrs

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. Ruff (M. D. or other) MD Address Jackson mo Date signed 5-23-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 642 - 747
Date Filed 6-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.