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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4184
State File No.

FILED FEB 9 1944

Registration District No. 310 — Primary Registration District No. 6075 — Registrar's No. 394

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington R. St. Francois (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Mo (b) County St. Francois
(c) City or town Farmington, Mo. 0 (If outside city or town limits, write "RURAL")
(d) Street No. RURAL 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME J. T. Sides

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Bell Jennings Sides
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sep (Month) 14 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	7	hr. min.

9. Birthplace Cape Co. Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation
11. Industry or business Farmer

FATHER
12. Name Wm Sides
13. Birthplace Cape City (City, town, or county) Mo / (State or foreign country)

MOTHER
14. Maiden name Catherine Hughes
15. Birthplace Cape City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. J. T. Sides
(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation K.P. Farmington Mo

18. (a) Signature of funeral director Farmington Und CO
(b) Address Farmington, Mo

19. (a) JAN. 26 1944 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1196

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Jan 21, 1944
that I last saw him alive on Jan. 20, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	20 da.
Due to Infection of Genito urinary tract follows	
Due to Prostatitis	Nov. 1943
Other conditions (Include pregnancy within 3 months of death) Had repeated & recurring infection from bladder & several operations	
Major findings: Of operations for same	
Of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

1370

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

23. Signature G. L. Watkins (M. D. or other)
Address Farmington Mo. Date signed 1-24-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-3324

Date Filed 2-7-44

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.