

Registration District No. 5601Primary Registration District No. 5756Registrar's No. 12

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon "Rural" Franklin
(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 _____
years, months or days3. (a) PRINT FULL NAME Doris Jean Sidebottom 313

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

4. Sex female 5. Color or race white

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

7. Birth date of deceased May 2 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 9 11 hr. _____ min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name J. W. Sidebottom (1)13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Viola Cooper (1)15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. W. Cooper(b) Address Eldon, Missouri17. (a) Burial (b) Date thereof 2-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dooley18. (a) Signature of funeral director Phillips Funeral Home(b) Address Eldon, Missouri (4)19. (a) 2-15-1940 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller(c) City or town Eldon "Rural" - Franklin
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1940 hour 8 minute 50 P. M.21. I hereby certify that I attended the deceased from Feb 1st
1940 to Feb 13 1940that I last saw he alive on Feb 13 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia
44

Due to _____

Due to _____

Other conditions mumps
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy no

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 A F B... (M. D. or other) AO

Address _____ Date signed _____

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39
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N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 40-30

Date Filed 3-11-40

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, above space should be left blank.