DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11761

State File No.

Registration District No. APR 23 1940 575

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway#50 TwoMiles West Tipton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Tipton, Mo (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2miles West of Tipton on Highway #50 (If rural, give location)

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

3. (a) PRINT FULL NAME Woodrow Bidstrop 323

3. (b) If veteran, name war No

3. (c) Social Security No. 715-09-9916

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased October, 31st 1914
(Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Clifton City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employed on Rail Road

11. Industry or business Missouri Pacific R. R.

FATHER
12. Name William H. Bidstrup
13. Birthplace Clifton City Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Van Arsdale
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maurine Bidstrup
(b) Address Clifton City, Mo

17. (a) Otterville, Mo (b) Date thereof 3/8/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 2 ost Otterville, Mo

18. (a) Signature of funeral director L. H. Parker
(b) Address Otterville, Missouri

19. (a) 3-8-40 (b) Mrs. Sarah Frye
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour about 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from Never, 19..., to ..., 19...; that I last saw h... alive on never, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broken Neck	
Due to Heavy fog making driving Difficulty	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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) Accident
(b) Date of occurrence March, 8th. 1940
(c) Where did injury occur? Highway#50 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway#50 2 miles West of Tipton, Mo (Specify type of place)
(e) While at work? yes (e) Means of injury

23. Signature H. R. Popejoy Coroner (M. D. or other)
Address California Mo Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

210 vol

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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, above space should be left blank.

G. No. 2B
—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11761

Registration District No. 575 Primary Registration District No. 5771 B Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Monteany

(b) ~~City or town~~ Willow Fork
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.

3. (a) PRINT FULL NAME Woodrow Bedstrop

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 S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 25 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck — Duration

Heavy fog driving difficult

Due to

Due to Ran into rear end of truck - 2 cars -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 210 m 20

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

23. Signature H. R. Robeson (M. D. or other)
Address California Date signed

11761 (1940)