

MAY 17 1940  
Registration District No. 89Primary Registration District No. 3007Registrar's No. 125

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Brandon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether years, months or days)  
 In this community 1 day

3. (a) PRINT Jim P. or  
 FULL NAME James Peter Tidwell 340  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 489-12-3362

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rillis Tidwell 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased October 17, 1885  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>21</u>	hr. min.

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

10. Usual occupation W.P.A. Employee

11. Industry or business U.S. Government

MOTHER FATHER  
 { 12. Name John Tidwell  
 { 18. Birthplace Unknown Tennessee  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Cole  
 { 15. Birthplace Marlston Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. P. Tidwell  
 (b) Address Rt. 6, Poplar Bluff, Mo.  
 17. (a) (b) Date thereof  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation

18. (a) Signature of funeral director Greer-Croy Funeral Serv.  
 (b) Address Poplar Bluff, Missouri  
 19. (a) 5/14/40 (b) O. C. Ostinger  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8 mi. West Poplar Bluff  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. -- years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day eighth  
 year 1940 hour 6:10 minute A. M.  
 21. I hereby certify that I attended the deceased from May 7, 1940  
 to May 8, 1940  
 that I last saw him alive on May 8, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to 127.3

Due to

Other conditions Strangulated femoral hernia  
 (include pregnancy within 3 months of death)

Major findings: Strangulated femoral hernia.  
 Of operations  
 Of autopsy

Duration

5-7-40

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 abroad? (e) Manner of injury  
 23. Signature [Signature] (M.D. or other)  
 Address Poplar Bluff, Mo Date signed 5-9-40

HTS 105

STATEMENT BY LICENSED EMBALMER

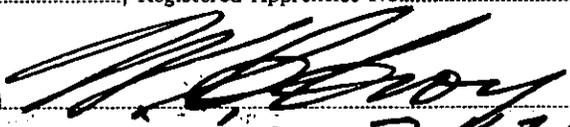
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

B.J.Brentlinger

Registered Apprentice No. 208

working under my personal supervision.

Signed



Licensed Embalmer No.

3474

P. O. Address

Poplar Bluff, Missouri

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.

No. 2B  
2-21-40  
I X22659

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14413  
Registrar's No. 125

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Paplar Bluff  
(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  
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME James P. Tidwell  
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 m  
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased Oct 17 - 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 21  
If less than one day hr min

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

10. Usual occupation

11. Industry or business

12. Name

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

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

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) 6/5/40 (b) [Signature] (Date received local registrar) (Registrar's signature)

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.

20. DATE OF DEATH Month May 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

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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 H. L. Brandon (M. D. or other)  
Address Paplar Bluff Date signed

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

SUPPLEMENTAL ONLY

S-14413