

FILED JUL 9 1940
Registration District No. **038**

Primary Registration District No. **3028**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown, Mo.
(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 25 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Georgia Tidwell 3UD

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

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

6. (b) Name of husband or wife Sarrett Winston Tidwell 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased November 14 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 9 If less than one day hr. min.

9. Birthplace North Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Elias Evans 9

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

14. Maiden name Mary Evans

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

16. (a) Informant's own signature Yvonne Barber

(b) Address Fredericktown Mo.

17. (a) Burial (b) Date thereof June 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery, City

18. (a) Signature of funeral director Stanley A. Bishop

(b) Address Fredericktown, Mo.

19. (a) June 24 1940 (b) S. G. S. Evans
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 213 West Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 3:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Apr 23, 1940 to June 23, 1940

that I last saw her alive on June 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Phrenia Duration _____
Pain

Due to: Tricyclic overdose

Due to: _____

Other conditions Medication 85 yrs old
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy None

22. If death was due to external causes, fill in the following: no
(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? no

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature M. B. Barber (M. D. or other) _____
Address Fredericktown, Mo. Date signed 6/24/40

WHILE FILING—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

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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

Stanley A. Dixon, Registered Apprentice No. 214
working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Md

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32238
22245

State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 638

Primary Registration District No. 3028

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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 _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Georgia Tidwell

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

4. Sex 7 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 _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ 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 _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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 June day 23 year 1940 hour _____ minute _____ M.

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

Immediate cause of death Parasemia
poisoning

Due to followed (chronic) nephritis

Due to of 4 yrs duration

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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 M. B. Barber (M. D. or other) _____

Address Fredericktown _____

SUPPLEMENTARY

25 25 25