

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42482

State File No.

Registrar's No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Rural Athens Twp.  
(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

3. (a) PRINT FULL NAME Ralph Leland Siddens

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Alpha Mae Lucas 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 15 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 7 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Wm. J. Siddens 13. Birthplace Gentry, Mo. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Burgess 15. Birthplace Gentry Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Siddens

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director St. Louis Burial

(b) Address Albany, Mo.

19. (a) Dec 5, 1940 (Date received local registrar) (b) W. J. Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural  
(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 Dec. day 4th  
year 1940 hour 4:45 A.M. minute M.

21. I hereby certify that I attended the deceased from 12-4-1940 to 12-4-1940,  
that I last saw him alive on 12-4-1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Mural Thrombosis Duration 1 week

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 Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 12-4-40

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

**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 me

., 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.**