

No. 2
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1-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3365**

Registration District No. **035**

Primary Registration District No. **3028**

Registrar's No. **11**

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:
213 West Main St.
(If not in hospital or institution, write street number or location)

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

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Fredericktown
(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.? 0 years.

3. (a) PRINT FULL NAME GARRETT WINSTON Tidwell

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

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Georgia Tidwell 6. (c) Age of husband or wife if alive years _____

7. Birth date of deceased Aug 16 - 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 5 11 hr. _____ min.

9. Birthplace Madison Co Mo - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (retired)

11. Industry or business _____

12. Name William Tidwell

13. Birthplace Madison Co Mo - 0
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Bennett

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

16. (a) Informant Mrs. C. B. Barber

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof Jan 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marquette Cemetery

18. (a) Signature of funeral director Stanley H. Depou

(b) Address Fredericktown, Mo.

19. (a) Jan 23 - 1941 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st year 1941 hour 9:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan Dec 27th, 1938 to Jan 21st, 1941

that I last saw him alive on Jan 21st, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failed to stand up & gave out after 5 min of flub, subcut. Old age and old blood vessels

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 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) none

(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? 481

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

23. Signature M. B. Barber (M. D. MD)
Address Fredericktown Mo Date signed 1/23/41

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

....., Registered Apprentice No.

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, fact should be so stated above.