No. 2
-1-4-41
-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14833

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Stone Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether

In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Purcell (If outside city or town limits, write "RURAL")

(d) Street No. Mineral Township (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl Sidenstricker

3. (b) If veteran, name war None

3. (c) Social Security Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora

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

7. Birth date of deceased Oct (Month) 28 (Day) 1899 (Year)

8. AGE: Years 41 Months 5 Days 9 If less than one day — hr. — min.

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

10. Usual occupation W.P.A. "Miner"

11. Industry or business None

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

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

16. (a) Informant Cora Sidenstricker

(b) Address Purcell Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 9, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) Apr. 9, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1941 hour 7 minute 21 a.m.

21. I hereby certify that I attended the deceased from 4-6-41, 19__, to 4-7-41, 19__; that I last saw him alive on 4-7-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of pulmonary abscess into bronchi	24 hours
Due to: Pulmonary abscess	
Due to: Lobar pneumonia	2 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? 8105 (Specify type of place)

While at work? (e) Means of injury 9

23. Signature Hofer S. Berry (M. D. or other)

Address Cuba Date signed 4-8-41

(Licensed Embalmer's Statement on Reverse Side)

41-5-484

OCT 10 1945

MAR 3 1947

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 F. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.