

FILED MAR 13 1942

Registration District No. _____

Primary Registration District No. 4.711

Registrar's No. _____

1. PLACE OF DEATH: Bartonsville
 (a) County _____
 (b) City or town Golden City
 (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

3. (a) PRINT FULL NAME JOE REX SIDES
 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 single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan. 27 - 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months 26 Days _____
 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
 MOTHER FATHER { 12. Name J. D. Sides
 13. Birthplace Wade Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Bennett
 15. Birthplace Golden City Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Anna Sides
 (b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Feb. 23 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ch. F. P. Golden City Mo.

18. (a) Signature of funeral director E. A. Phillips
 (b) Address Golden City, Mo.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bartonsville
 (c) City or town Golden City
 (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 23 day Feb
 year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 23, 1942, to Feb 27, 1942, that I last saw him alive on Feb 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobular Pneumonia with
Cardiac Complications
 Duration 4 days

Due to _____
 Due to _____

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

Major findings: 108
 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 J. M. Bracke (M. D. or other) _____
 Address Golden City Mo. Date signed 2-24-42

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 342-331

Date Filed MAR 11 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

1-B
1-41
1928B

Registration District No. 39

Primary Registration District No. 4023

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Judson city
(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)

3. (a) PRINT FULL NAME

Jue R. Sides

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

7. Birth date of deceased Jan 27 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
— — 27

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) (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) July 24, 1943 (Date received from registrar) (b) Gladys Kottelmann (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) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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?

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

23. Signature..... (M. D. or other)

Address..... Date signed.....

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

SUPPLEMENTARY

3-5808