S. No. 2
M—1-4-41
. 5-17-39
I X26390

49
6
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

Registration District No. 1843

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27455

Primary Registration District No. 4243

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1 (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 Lifetime

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Neck City 6 (If outside city or town limits, write "RURAL") 2

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Charles Albert Sidenstricker

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 2 Widowed

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Oct (Month) 16 (Day) 1877 (Year)

8. AGE: Years 64 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Neck City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Ansel Sidenstricker
13. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Young
15. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Otto Sidenstricker

(b) Address Neck City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Neck City Und Co

(b) Address Neck City Mo

19. (a) Aug. 28 1942 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1942 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw her alive on Did not see him alive 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to 94a	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury Corona

23. Signature R. V. Webster (M. D. or other)

Address Carthage Mo Date signed Aug 26 1942

(Licensed Embalmer's Statement on Reverse Side)

42.8.699

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Vicksburg, Miss.

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.