

FILED OCT 10 1942

Registration District No. 1743

Primary Registration District No. 5430

Registrar's No.

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Central
(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 _____ years, months or days

3. (a) PRINT FULL NAME Arthur W. Bide

3. (b) If veteran, name war _____

3. (c) Social Security No. 40

4. Sex Male

5. Color or Race W

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

6. (b) Name of husband or wife Douglas

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

7. Birth date of deceased Dec. 21, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Home work

11. Industry or business Building

MOTHER FATHER

12. Name Andrew W. Bide

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

14. Maiden name Martha Julia

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

16. (a) Informant A. F. W. Bide

(b) Address St. Clair Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-9-42
(Month) (Day) (Year)

(c) Place: burial or cremation Bell's funeral home

18. (a) Signature of funeral director Marshall Kitchell

(b) Address St. Clair Mo

19. (a) 9/8/42
(Date received local registry)

(b) O. J. King Jr.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Franklin

(c) City or town Rural Central Township
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 4-22-42 to 9-7-42
that I last saw him alive on 9-7-42
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations 1/3/42

Of autopsy _____

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? St. Louis

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W. E. Kitchell (M. D. or D.O.)

Address St. Clair Mo Date signed 9/7/42

RECEIVED
District Health Officer No. 7;
District File Number.....
Date Filed.....

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.....

Sherrard Kitchell

Licensed Embalmer No.....

3873

P. O. Address.....

St. Clair Ave.

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.