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M-542
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6

ED MAR 11 1943

Registration District No. 3121

Primary Registration District No. 652a

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter, Mo., R. 1.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Surg.
(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 Genette Lee Sides,

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

4. Sex Female / race White 5. Color or White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 9, 1943, 3:30 PM
(Month) (Day) (Year)

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

9. Birthplace Dexter, Mo., R. 1.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Ezra Sides

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

14. Maiden name Wilburn Smothers,

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

16. (a) Informant Sides.

(b) Address Dexter, Mo., R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley, Cem

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 2-12-43 (Date received local registrar) (b) W. Adams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter,
(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..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 Feb
year 1943 hour 4:15 minute 4 M.

21. I hereby certify that I attended the deceased from Did not attend, to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal hemorrhage

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury.....

23. Signature W. Adams (M.D. or other) 20
Address Dexter Date signed 11/1/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 343-343

Date Filed 3-8-43

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 with the above constitutes grounds for revocation of license.)

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