S. No. 2
—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43385

FILED DEC 17 1943

Registration District No. 2418

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike County O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 38 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Clarksville Mo 4
(If outside city or town limits, write "RURAL") O

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

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

If yes, name country O

3. (a) PRINT FULL NAME George Henry Idle

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 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 14 (Day) 1858 (Year)

8. AGE: Years 85 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ills. 1 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name William Idle
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace ~~Ab~~ England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. A. Idle

(b) Address Caraapolis Hts. Penna

17. (a) (Burial, cremation, or removal) (b) Date thereof Nov 14/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry L Carroll

(b) Address Clarksville Mo

19. (a) 11/13/43 (Date received local registrar) (b) J C Haley (Registrar's signature) Dept

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th year 1943 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct. 6th, 1943 to Nov. 12, 1943 that I last saw him alive on Nov. 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	
Due to fracture left femur	38
Due to Age	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a

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) accident fall & fractured femur

(b) Date of occurrence Oct 6, 1943

(c) Where did injury occur Side walk, Clarksville Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street in Clarksville Mo (Specify type of place)

While at work? No (e) Means of injury fall & struck walk

23. Signature E M Bartlett O (M. D. or other)

Address Clarksville Mo. Date signed 11/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1963
Date Filed DEC 14 1943

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry L Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville Mo

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.