

S. No. 2
M-9.4.41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43430

State File No. _____

FILED JAN 10 1944

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution:
XXXXXX Marion Hosp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk

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

(d) Street No. Near Bolivar, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Lovina Carista Siders

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

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

6. (b) Name of husband or wife Grover Siders 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 4, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>22</u>	<u>XXXXXXXX</u> min. hr.

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

10. Usual occupation Housewife

11. Industry or business XXXXXX

12. Name Henry Lowry

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

14. Maiden name Ellen Crane

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

16. (a) Informant Grover Siders

(b) Address Bolivar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Gum Springs

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) Dec 7 1943 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1943 hour 8: minute P. M.

21. I hereby certify that I attended the deceased from Nov. P.
23 1943 to Nov. 26 1943
that I last saw her alive on Nov. 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gall bladder Duration _____

Due to Jarundise acute

Due to _____

Other conditions 127 fl
(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 J. J. [unclear] (M.D. or other) Dr.

Address Stockton, Mo. Date signed 11-29-43

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

MOTHER FATHER

1294

MAR 6 1944

RECEIVED

Division of Health Officer No. 7

12-43-1459

Date filed 1-6-44

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 *Melvin Crunch*

Licensed Embalmer No. *3272*

P. O. Address *Stoughton ma*

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.