

FILED FEB 9 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6075

Registrar's No. 394

94  
0  
0

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

**1. PLACE OF DEATH**

(a) County St. Francois  
(b) City or town Farmington, Mo. **ST. FRANCOIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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** J. T. Sides  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married,** divorced married  
**(b) Name of husband or wife.** Claudia Bell Gunn Sides  
**6. (c) Age of husband or wife if** 61 years  
**7. Birth date of deceased.** Sep 14 1877  
(Month) (Day) (Year)

**8. AGE:** Years 67 Months 4 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Cape Co. Mo (City, town, or county) (State or foreign country) 0

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** Farmer

**MOTHER FATHER**

**12. Name** J. T. Sides  
**13. Birthplace** Cape City Mo (City, town, or county) (State or foreign country) Mo  
**14. Maiden name** Charlotte Hughes  
**15. Birthplace** Cape City Mo (City, town, or county) (State or foreign country) Mo

**16. (a) Informant** Mrs. J. T. Sides  
**(b) Address** Farmington, Mo

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof.** Jan 23 44  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** FNP Farmington, Mo

**18. (a) Signature of funeral director.** Farmington, Mo  
**(b) Address** Farmington, Mo

**19. (a) JAN 26 1944** (Date received local registrar) **(b) Byrdie Burkmaster** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Francois  
(c) City or town Farmington, Mo. (If outside city or town limits, write "RURAL") 0  
(d) Street No. RURAL (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 27 year 1944 hour 10 minute a. M.

**21. I hereby certify that I attended the deceased from** Jan 24 1944, to Jan 27 1944.  
4 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 20 da.

Due to Infection of the urinary tract - follows  
Due to Prostatitis 1943

Other conditions Had repeated urinary infections from bladder + several operations

Major findings: Of operations for same

Of autopsy 1370

**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. B. Watkins (M. D. or other) \_\_\_\_\_  
Address: Farmington, Mo. Date signed 1-28-44

**RECEIVED**

District Health Officer No. 4

District File Number 244-3324

Date Filed 2-7-44

**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.....

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.**