

**FILED DEC 2 1944**

Registration District No. **363**

Primary Registration District No. **6196**

**1. PLACE OF DEATH:**

(a) County **Texas**  
(b) City or town **Licking Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Shoreland**  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Texas 107**  
(c) City or town **Licking MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Tibitha Donnie Siddens**

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

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J. J. Siddens**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Aug 24 1868**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **15** Days \_\_\_\_\_ If less than one day hr. min.

9. Birthplace **Licking MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **John D. Pharris**

13. Birthplace **Licking MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emanda Deason**

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

16. (a) Informant **Marie S Trulinger**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **10-11-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Licking Tenn**

18. (a) Signature of funeral director **Wm. H. Johnson**

(b) Address **Licking MO**

19. (a) **11/16-1944** (b) **Maggie Wilson**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct** day **9**  
year **1944** hour **4:50** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 1944** to **Oct 9 1944**  
that I last saw her alive on **Oct 6 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **338**

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 **W. H. Johnson** (M. D. or other)  
Address **Licking** Date signed **10/16/44**

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

MOTHER FATHER

1237

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number. 1244583

Date Filed 12-6-44

---

---

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 Embert E Ferguson

Licensed Embalmer No. 3945

P. O. Address. Licking MS

**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.**