

S. No. 2
OM-43
v. 5-17-39
X37823

FILED JAN 18 1945
Registration District No. 6

Primary Registration District No. 2001

Registrar's No. 624

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma
(b) County Ottawa
(c) City or town Miami, Oklahoma
(If outside city or town limits, write "RURAL")
(d) Street No. 219 S.W. A St.
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Alice E. Tidwell
(b) If veteran, name war. No.
(c) Social Security No. N O
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife F.S. Tidwell
(c) Age of husband or wife if alive 25 years
7. Birth date of deceased Nov 4 1919
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 27
year 1944 hour 3 minute 05 P M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	25	1	23	hr. min.

Immediate cause of death
Diplomatic Accident
Dec 25-1944 -
Fractures 3, 4, 5, 6, 7, 8, 9. Pelvis
Preparation of Right Lateral
of Groin -
Preparation of Left Kidney
Other conditions
(Do not include in cause of death)
Major findings
Of operations
Of autopsy

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

PHYSICIAN
Underline the cause to which death should be charged statistically.
Intense hemorrhage
Abdominal

MOTHER FATHER
12. Name Lester H. Mitchell
13. Birthplace Poke County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Doty
15. Birthplace Kansas City, Mo. 1
(City, town, or county) (State or foreign country)
16. (a) Informant F.S. Tidwell
(b) Address Miami Okla.
17. (a) Burial
(b) Date thereof 12-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lee Summit Mo
18. (a) Signature of funeral director Hurlbut Und Co,
Joplin, Mo.
(b) Address
19. (a) 12-28-44
(Data received local registrar) (b) Gertrude Susholter
(Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 128
(b) Date of occurrence 12/25/44
(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2100 W 9th St.
(Specify type of place)
While at work (c) Means of injury
23. Signature N.W. Hurlbut Registrar
Address 2114 Joplin Date signed 12/28/44

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

1204

44-12-1068

MAY 10 1951

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..... *Wm K. Schubert*

Licensed Embalmer No..... 959

P. O. Address..... Joplin, 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.