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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20271

FILED JUL 10 1945

Registration District No. 7

Primary Registration District No. 5422

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett — Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

(d) Street No. 12 mi - N.E.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Samuel Tidwell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Laura Tidwell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 4 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business farm

FATHER
12. Name Marion Tidwell
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary McDraw
15. Birthplace Hubudon (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Joseph L. Post
(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Schwarz
(b) Address Kennett, Mo.

19. (a) 6-27-45 (Date received by local registrar) (b) Julia Blankenship (Registrar's signature)

901

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	1 hr.
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Elbert G. Hawkins (Type of other) Coroner

Address Kennett Mo. Date signed 6-26-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 745-925
Date Filed 7-6-45

JUL 11 1945

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 S. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.