

FILED NOV 28 1945

Registration District No. _____

Primary Registration District No. **6042**

Registrar's No. **1527**

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

1. PLACE OF DEATH:
 (a) County **Ripley**
 (b) City or town **Rural Varner Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 miles NE of Oxly /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **5 years**
years, months or days

3. (a) PRINT FULL NAME **Charles Wilburn Sidell**
3. (b) If veteran, **4**
name war
3. (c) Social Security **4**
No.

4. Sex **male** **5. Color or race** **White**
6. (a) Single, widowed, married, **divorced, married**
6. (b) Name of husband or wife **Iva Jane Sidell**
6. (c) Age of husband or wife if **69**
alive **years**
7. Birth date of deceased **July 31 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **6**
If less than one day
 hr. _____ min. _____

9. Birthplace **Unk. Penn. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmers**

11. Industry or business _____

MOTHER FATHER { **12. Name** **Henry Sidell**
13. Birthplace **unk. Ohio /**
(City, town, or county) (State or foreign country)
14. Maiden name **Eileen Miller**
(City, town, or county) (State or foreign country)
15. Birthplace **Unk. Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Drake**
(b) Address **Oxly, Mo.**

17. (a) **Burial** **(b) Date thereof** **Oct. 9/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Antioch ceme**

18. (a) Signature of funeral director **Minnie Gish**
(b) Address **Naylor, Mo.**

19. (a) **Nov 1 - 45** **(b) Bertha White**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Ripley / /**
 (c) City or town **rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2 1/2 miles NE of Oxly** **0**
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7**
 year **1945** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-20-1942** to **10-5-1945**
 and that I last saw him alive on **10-5-1945**
 and that death occurred on the date and hour stated above

Immediate cause of death **Cancer of bladder**
and prostate
also metastasis to
various parts of body
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **5/16**
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 _____
23. Signature **Eddy Adamson** (M. D. or other)
 Address **Washington, Mo.** Date signed **10-8-45**

RECEIVED

District Health Officer No. 5,

District File Number

1145-408

Date Filed

11/1/45

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.....

Bryan McCord

Licensed Embalmer No.....

4079

P. O. Address.....

Ray Lot, 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.