No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40009

FILED JAN 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5228

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Maple Park, 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.5 North Kansas City 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elmer Bidwell

3. (b) If veteran, name war No

3. (c) Social Security No. 702-10-1831

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Caroline Bidwell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 25 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	23	hr. min.

9. Birthplace Effingham Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation Switchman Ret. 5 years

11. Industry or business R.R.- M.K.+T.

FATHER

12. Name Leonard Bidwell

13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Laura J. Heath

15. Birthplace Ohio Va. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Bidwell

(b) Address Maple Park Mo.

17. (a) Receiving vault (Burial, cremation, or removal) Date thereof Dec. 21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Cates Funeral Home

(b) Address K.C.K.

19. (a) 12-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1945 hour 9 minute 35 p. M.

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

Immediate cause of death anuria

Due to Hydronephrosis + Hydroureter.

Due to Carcinoma of Sigmoid Colon metastasis in liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4 & 2

Of autopsy above

Duration

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 Jack Hill (M. D. or other) M.D.

Address Trinity Lutheran Hosp. Date signed 19 Dec 45

(Licensed Embalmer's Statement on Reverse Side)

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 L Ward.....

Licensed Embalmer No.....3991.....

P. O. Address.....309 East 67th.....

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.