

FILED JUN 13 1946

Registration District No. 173

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County T. Franklin

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County T. Franklin

(c) City or town Zackboring
(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 Sidney Martin Bardot

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month May day 8 year 1946 hour 11 minute 30 A.M.

4. Sex male

5. Color or race W

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

6. (b) Name of band or wife Theresa

6. (c) Age of husband or wife if alive 57

7. Birth date of deceased 4-8-1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1945, 1945 to May 8, 1946 that I last saw him alive on 4-27-46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years 63 Months 1 Days . If less than one day hr. min.

Due to Coronary Arteriosclerosis

9. Birthplace Zackboring Mo
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business General merchant

12. Name Sidney Martin Bardot

13. Birthplace T. Franklin
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Stankifer

15. Birthplace Zackboring Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wanda Nuff

(b) Address Zackboring Mo

17. (a) Burial (b) Date thereof 6-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zackboring Mo

18. (a) Signature of funeral director Sheldon Kitchell

(b) Address St. Clair, Mo

19. (a) MAY 10-1946 (b) W. S. Kitchell
(Date received local registrar) (Registrar's signature)

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 1946

Of autopsy

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) (Means of injury)

23. Signature W. S. Kitchell (M. D. or other)

Address St. Clair Mo Date signed 5/18

Duration 1 1/2
PHYSICIAN Sheldon Kitchell
Underline the cause to which death should be charged statistically.

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

NOV 26 1947

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-46

NOV 2 1947

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 Sherrill Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.