S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22955

State File No. 22960

Registration District No. 52 Primary Registration District No. 5183 Registrar's No. 65

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Byrd Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Mo Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (Byrd Twp)
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Mo Star Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eli Sides.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mollie Turpin
6. (c) Age of husband or wife if alive DR years
7. Birth date of deceased Dec (Month) 9 (Day) 1870 (Year)

8. AGE: Years 75 Months 7 Days 10 If less than one day hr. min.
9. Birthplace Neeley's Landing Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Robert Sides
13. Birthplace Neeley's Landing Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Ewell Thompson
(b) Address Jackson Mo Star Route
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Fair Veary
18. (a) Signature of funeral director McCombs Hill Co
(b) Address Jackson Mo
19. (a) 7-23-46 (Date received local registrar) (b) D. G. Suhr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th 1946 year 5 hour minute A M.
21. I hereby certify that I attended the deceased from May, 1946, to July, 1946; that I last saw him alive on some time in June, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	1 hr
Due to hypertension	5 yrs
Due to arteriosclerosis	10 yrs
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
23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 7/20/46

43 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 746-238

Date Filed 7-30-46

AUG 30 1946

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.