No. 2
-5-42
-17-39
X32873

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

J4BB

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28052

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(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 ✓ (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville 1
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Effie Frances Sidwell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James P. Sidwell

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

7. Birth date of deceased May (Month) 3 (Day) 1864 (Year)

8. AGE: Years 82 Months 3 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name H. D. Marshall
13. Birthplace Don't Know (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Martha J. Brasfield
15. Birthplace Don't Know (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant A. Marshall
(b) Address Unionville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1849 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. B. John A. Comstock

19. (a) 9-4-46 (Date received local registrar) (b) Malvill Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 12, 1945, to Aug 16, 1946
that I last saw her alive on Aug 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 week

Due to Arteriosclerosis & hypertension

Due to Chronic glomerulonephritis — 20 years

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 2

23. Signature Chas. L. Judd (M. D. or other) D.O.
Address Unionville, Mo Date signed 8-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-46-1238
Date Filed SEP 11 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Chillicothe, 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.