

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37798

State File No.

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles "Rural" Morgan
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Sidebottom

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melissa Sidebottom 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. 31 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Noah Sidebottom
13. Birthplace Unknown
14. Maiden name Sarina Louis
15. Birthplace Unknown

16. (a) Informant Melissa Sidebottom
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Nov. -15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Cemetery

18. (a) Signature of funeral director W. G. Gurnea
(b) Address Versailles, Missouri

19. (a) 11-15-46 (b) W. G. Gurnea
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Versailles Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 46 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 3rd
1946 to Nov 3rd 1946
that I last saw him alive on Nov 3rd 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
Senility

22. If death was due to external causes, fill in the following:
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 51B
Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. G. Gurnea (M. D. or other)
Address Versailles Mo Date signed 11/14/46

Duration

Nov

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District No. 10-46-2081
Date filed 11-19-76

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 *Ch. T. Howell*

Licensed Embalmer No. 1596

P. O. Address Versailles Md

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.