No. 3
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28460

FILED AUG 19 1947

Registration District No. 246 244 Primary Registration District No. 2001-5835 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Silver Creek Lake, so. of Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 W. 2nd St. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frances Bidwell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 2, 1942
(Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Joplin, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Harold C. Bidwell
13. Birthplace Joplin, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thelma Morris
15. Birthplace Cardin, Oklahoma 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. C. Bidwell
(b) Address 1801 W. 2nd, Joplin, Mo.
17. (a) Burial (b) Date thereof 7-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 7-16-47 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw her dead on July 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18.3
Of autopsy 2.6

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 73
(b) Date of occurrence July 13 1947
(c) Where did injury occur? Near Joplin, Newton Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? no (e) Means of injury Drowned

23. Signature Corley Thompson Corone (M. D. or other) 3
Address Neosho Mo Date signed 7/14/47

Jefferson City Printing Co. 222 (Licensed Embalmer's Statement on Reverse Side)

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

47-8-647

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.