No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31582

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1727 W. 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1727 W. 2nd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Benjamin Douglas Bidwell
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pina
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 30, 1889 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 4 | 23 | hr. min. |

9. Birthplace: Greenridge, Missouri (City, town, or county) 6 (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: No Record
13. Birthplace: (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: "
15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Pina Bidwell
(b) Address: 1727 W. 2nd St., Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 8-27-47 (Date received local registrar) (b) Dolores Lamphiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 22 year: 1947 hour: 5 minute: 30 P.M.
21. I hereby certify that I attended the deceased from July 4, 1947 to August 22, 1947; that I last saw him alive on August 22, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cancer of Prostate Bladder and Rectum | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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):
(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: C. C. Coats (M. D. or other)
Address: Joplin Mo Date signed: 8-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**