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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 53

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

36
40
0

1. PLACE OF DEATH:

(a) County FRANKLIN ~~COUNTY~~

(b) City or town SULLIVAN, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 335 S. OLIVE - HOME 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 16 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County FRANKLIN

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

(d) Street No. 335 S. OLIVE 36
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 40

If yes, name country 0

3. (a) PRINT FULL NAME JASPER W. TIDWELL

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LULU J. TIDWELL

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased DEC (Month) 24 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace DEXTER STODARD COUNTY (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name ELI TIDWELL
13. Birthplace DEXTER (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name PLINEY DANFORTH
15. Birthplace (City, town, or county) PENN. 1 (State or foreign country)

16. (a) Informant LULU S. TIDWELL 0
(b) Address 335 S. OLIVE SULLIVAN, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation ODD FELLOWS CEMETERY

18. (a) Signature of funeral director Harrison M. Eaton
(b) Address 347 N. Clark Sullivan Mo.

19. (a) 3-14-48 (Date received local registrar) (b) O. Dexter (Registrar's signature) 97

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12 year 1948 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from March 5, 1948 to March 12, 1948 that I last saw him alive on March 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1½ hrs
Due to Generalized Arteriosclerosis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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 John J. de la Torre (M. D. or other) M. D.
Address Sullivan, Mo. Date signed 3/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 25 1948

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 Stanley Meyers, Registered Apprentice No. ....., working under my personal supervision.

Signed Lloyd W. Olson

Licensed Embalmer No. 4344

P. O. Address Box 5 Sullivan 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.