

FILED AUG 13 1948

Registration District No. 23

Primary Registration District No. 4175

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Hammersville Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Baptist Memphis Tenn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)
 In this community 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
 (c) City or town Hammersville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RUBY ALINE TIDWELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 17 - 1932
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>4</u>	<u>12</u>	hr. _____ min.

9. Birthplace Selmer Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business _____

12. Name M. W. Tidwell

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Gizelle Jackson

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant M. W. Tidwell

(b) Address Hammersville Mo

17. (a) Burial (b) Date thereof 6-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammers cemetery

18. (a) Signature of funeral director W. T. Emmerich

(b) Address Jackson Ave

19. (a) 7-30-48 (b) Bertha Kirschling
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from 2-23, 1948 to 6-9, 1948 that I last saw her alive on 6-9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma of hepatic flexure of colon Duration 6 mo.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 466
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature Wayne Stanfield (M. D. or other) MD

Address Hammersville, Mo Date signed 6-30-48

WRITE PLAINLY - USE CAPS LETTERS

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 848-124

Date Filed 8-11-48

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.....

W. T. Emerson, Registered Apprentice No.....
working under my personal supervision.

Signed W. T. Emerson

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.