

Registration District No. 57

FILED SEP 1 1942
Principal Registration District No. 5783

Registrar's No. 37

16000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(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 1
(Specify whether years, months or days)

√ In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME NANCY SIDES

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 M 1

6. (b) Name of husband or wife PRICE SIDES

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 22 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 12
If less than one day hr. _____ min. _____

9. Birthplace CAPE GIRARDEAU MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER {

12. Name BENJAMIN HARRIS

13. Birthplace WAYNE MO. 0
(City, town, or county) (State or foreign country)

14. Maiden name SARAH JANE MCLEATH

15. Birthplace LITTLE ROCK ARK. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ted Boulerz

(b) Address Burfordville MO

17. (a) Burial (b) Date thereof 8 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation APPLE CREEK CEM.

18. (a) Signature of funeral director MacRe-wilson

(b) Address JACKSON MO.

19. (a) Aug 5 1942 (b) J. H. G. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1942 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from April
1942 to Aug 4 1942
that I last saw h.e.t. alive on July 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Pulmonary Tuberculosis 6 Mos

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature T. E. Ruff (M. D. or other) MD

Address _____ Date signed _____

RECEIVED

District Health Officer No. 4
District File Number 942-1154
Date Filed 9-9-42

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.