N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21342
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001
(b) Township — Primary Registration District No. — Registered No. 596
(c) City St. Joseph — (d) Street No. 6510 Brown St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Franklyn Bridgeman 1,39
(a) Residence, No. 6510 Brown St. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Bridgeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1837

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
100	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 0

FATHER
13. NAME James Bridgeman 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unkn wn 9

MOTHER
15. MAIDEN NAME Adla Proctor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Family Bible

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE June 8, 1938

19. FUNERAL DIRECTOR (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED 6/8 1938 H. J. Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to June 1, 1938
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial heart failure	Mar 1938
Arteriosclerosis	
General senility	

Other contributory causes of importance: 9 3 8 1

Name of operation — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. W. Morse, M. D.
(Address) St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3476 or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)