

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

17947  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan 3 Registration District No. 85  
 (b) Township 0 Primary Registration District No. 100 Registered No. 597  
 (c) City St. Joseph (d) Street No. St. Hospital St. S  
 (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 1 yrs. 7 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. State Hospital # 2 St. Cameron, Mo.  
 (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1856

7. AGE YEARS 83 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Savannah, Mo.

FATHER 13. NAME Arthur Bridgewater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Opzilla Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Roy Bridgewater - Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation - Mo. DATE 5-31-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lacy Barry Funeral  
218 South 10th St

20. FILED May 31, 1940 Adrestel  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1939, to 5/29, 1940

I last saw him alive on 5/29, 1940. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hyperten. Date of onset ?

Other contributory causes of importance: Chronic myocarditis ?

Name of operation none 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) T. J. Bidell, M. D.  
85 (Address) St. Joseph, Mo.

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**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

*John E. Myers*  
.....  
Licensed Embalmer No. *3220*  
.....  
P. O. Address *St. Joseph, 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, above space should be left blank.**