

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

32137  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Hickory Registration District No. 362  
 (b) Township Greene Primary Registration District No. 5507  
 (c) City Wanda or Wanda (d) Street No. \_\_\_\_\_ 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. Rachel Bridges Wanda Mo. 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 Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. Bridges  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 21 - 1856  
 7. AGE YEARS 84 MONTHS 4 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Park Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Andy House 14. BIRTHPLACE (CITY OR TOWN) Middle Tenn (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Julia Webster 16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) Tenn

17. INFORMANT Joe House (ADDRESS) 1305 W. Main Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resent Ridge DATE Sept 22 1940

19. FUNERAL DIRECTOR (NAME) L. Jones (ADDRESS) Buffalo

20. FILED 9-13- 1940 John P. Dennis Local Registrar. Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 1 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1940, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on Aug 24, 1940. Death is said to have occurred on the date stated above, at 5 p.m.  
 The principal cause of death and related causes of importance were as follows:

Unknown disease  
 Other contributory causes of importance: 20012

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Clara O. Rammson M. D.  
 (Address) Buffalo Mo.

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.

RECEIVED

District Health Officer No. 7,

File Number 1040-1456

Date Filed 10-9-40

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo Mo

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

If this body is not embalmed, above space should be left blank.