

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

Registration District No. **26**

Primary Registration District No. **3002**

Registrar's No. **6**

1. PLACE OF DEATH:
 (a) County **Audrain**
 (b) City or town **Mexico**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Audrain Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 weeks**
 In this community **45 years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emmet McDonald Bridgeford**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Bridgeford** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **November 29 1865**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **21** If less than one day hr. min.

9. Birthplace **Monroe County, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **M.D.**

11. Industry or business

12. Name **William Bridgeford**

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

14. Maiden name **Rachel Luckie**

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

16. (a) Informant **Wilbur Bridgeford**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 20, 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Earl E. Curtis**

(b) Address **Mexico, Mo.**

19. (a) **Jan 20, 1941** (b) **Blanche Neely**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Audrain**
 (c) City or town **Mexico**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **02**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19** year **1941** hour **11** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Dec 1940** to **Jan 19 1941**
 and that death occurred on the date and hour stated above.
 I last saw him alive on **Jan 19 1941**

Immediate cause of death **Organic Heart Disease**

Due to **Sclerotic vessel changes**

Due to **Age & Poor general health**

Other conditions **Chronic Prostatitis**
 (Include pregnancy within 3 months of death)

Major findings: **very large Prostate completely removed 1-19-41**
 Of operations: _____
 Of autopsy: _____

Duration: **Swollen**
 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) **No**
 (b) Date of occurrence **Jan 19-1941**

(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? **No**

(e) While at work? **No** (Specify type of place) (c) Means of injury _____

23. Signature **M. R. Rodes** (M. D. or other) **D**
 Address **Mexico** Date signed **Jan 20/41**

RECEIVED

District Health Officer No. 10

District File Number 2-41-437

Date Filed FEB 19 1941

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

Earl E. Precht

Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

If this body is not embalmed, fact should be so stated above.