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FILED SEP 6 1941
Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 N. Locust St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hampton Ardell Bridges
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXX

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Bridges
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased January 6 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Casey Station / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farming

MOTHER FATHER { 12. Name Thomas Bridges
13. Birthplace Don't Know / Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Spicer
15. Birthplace Don't Know / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond Bridges
(b) Address Bertrand, Missouri

17. (a) Burial (b) Date thereof 8/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Lair-Nunnelee Funeral
(b) Address Charleston, Mo. Service

19. (a) 8-11-41 (b) J. P. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 405 N. Locust St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 8th day 8th
year 1941 hour 7.30 minute P. M.
21. I hereby certify that I attended the deceased from No Doctor 19... to 19...
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above.
Immediate cause of death

Struck by a bolt of lightning.

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 99
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) Accident
(b) Date of occurrence August 8, 1941
(c) Where did injury occur? Charleston, Mississippi Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home in front yard 067
(Specify type of place)
While at work? no (e) Means of injury Coroner
23. Signature Jessie Shelby (If Doctor or other)
Address East Prairie, Mo. Date signed 8/18/41

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

RECEIVED

District Health Office No. 2,

District File Number 941-1208

Date Filed 9/14/46

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.....

E. E. Minnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.