No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32841

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 274

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Ont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 S. Ash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lawerance
(c) City or town Pierce City 55
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Martha Ellen Bridges
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife James Madison Bridges
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Nov. (Month) 17 (Day) 1850 (Year)

8. AGE: Years 91 Months 15 Days 28 If less than one day hr. min.

9. Birthplace Pierce City (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Chris John Noss
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Nandy Cline
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant 210 So. Ash
(b) Address Mrs Lena Bridges
17. (a) ~~Pierce City~~ Burial (Burial, cremation, or removal) (b) Date thereof 9-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cemetery
18. (a) Signature of funeral director Niemeyer
(b) Address Pierce City
19. (a) 9-23-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 23 day
year 1941 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from Aug 31 1941 19 to Sept 23 1941;
that I last saw her alive on Sept 23 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	12 hrs
Due to Hypertension (essential)	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. W. Searsefa (M.D. or other) OMD
Address Nevada Mo Date signed 9/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1740
Date Filed 10-9-41

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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed Victor O. Nimeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City M

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.)

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