

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35490
Registrar's No. 285

Registration District No. 547

Primary Registration District No. 3029

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Levering Hospital
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 500 Hawkins
(e) Citizen of foreign country? 0 (Yes or No)

3. (a) PRINT FULL NAME William Albert Bridges
3. (b) If veteran, name war 0 3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19 year 1941 hour 9 minute 10 P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie Lee Davis 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased August 21, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-10-1941 to 10-18-1941
that I last saw him alive on 10-18-1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Phlebotomy Duration 76 hrs

8. AGE: Years Months Days If less than one day
79 1 28 hr. min.

Due to arterio sclerosis

9. Birthplace Tiskilwa Illinois
(City, town, or county) (State or foreign country)

Due to 94.0

10. Usual occupation _____
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 200

MOTHER FATHER { 12. Name Joseph William Bridges
13. Birthplace Ohio
14. Maiden name Sarah Bowman
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant E.O. Bridge
(b) Address Hannibal Missouri
17. (a) Burial (b) Date thereof 10/21/41
(c) Place: burial or cremation Near Booneville, Mo. Walnut Grove Cemetery
18. (a) Signature of funeral director W.C. Fisher
(b) Address 902 Broadway Hannibal
19. (a) 10-20-41 (b) W.C. Fisher
(Date received local registrar) (Registrar's signature)

23. Signature W.C. Fisher (M. D. or other) W.D
Address Hannibal Mo Date, signed 10-20-41

10 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

Handwritten notes and scribbles, possibly including a name and address.

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 James A. Miles
Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.