S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILE MAY 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14321

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 279

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1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Months (Specify whether years, months or days)
In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 458½ South Campbell St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Jim Bright
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Unknown (Month) Unknown (Day) Unknown (Year)
8. AGE: Years: About 80 Months: Unknown Days: _____ If less than one day: _____ hr. _____ min.
9. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER
12. Name: John Bright
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Frank Bright
(b) Address: ###, Route #9, Box 175B
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery
18. (a) Signature of funeral director: Fred G. Thieme
(b) Address: 1100 Boonville St.
19. (a) 4-11-42 (Date received local registrar) (b) BY WS Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 10 year: 1942 hour: 2:45 minute: P. M.
21. I hereby certify that I attended the deceased from Dec. 18, 1941 to April 10, 1942 that I last saw him alive on April 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis (chronic)
Due to: Fracture right femoral neck
Due to: Fall

Other conditions (Include pregnancy within 3 months of death): 466
Major findings: Of operations: 14
Of autopsy: _____

Duration

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: Dec. 18, 1941
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public
(Specify type of place)
While at work? no Means of injury: Fall
23. Signature: W. Roland Lancaster (M. D. or other) M.D.
Address: Springfield Mo. Date signed: 4/11/42

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(Licensed Embalmer's Statement on Reverse Side)

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 R H Lucine

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

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.