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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 53

Primary Registration District No. 3505

Registrar's No. 14

1. PLACE OF DEATH: *Bates*

(a) County *Rich Hill*

(b) City or town *Rich Hill*

(c) Name of hospital or institution: *8th & Park. Ave. 1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community *Most or Like* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Bates*

(c) City or town *Rich Hill*
(If outside city or town limits, write "RURAL")

(d) Street No. *18th & Main*
(If rural, give location)

(e) Citizen of foreign country? *No.* *0* (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *Allen Bridges*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *1*
year *1942* hour *2:30* minute *P.* M.

4. Sex *MO* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *M.*

6. (b) Name of husband or wife *MOLLIE Bridges* 6. (c) Age of husband or wife if alive *72* years

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

21. I hereby certify that I attended the deceased from *May 31st 1942* to *June 1st 1942*
that I last saw her alive on *May 31 1942*
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 - 4 - 3 hr. min.

Immediate cause of death *Myocarditis*

Due to _____

Due to _____

9. Birthplace *Polk Co. MO. 0*
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *93e!*

10. Usual occupation *Ret. Farmer - Laborer*

MOTHER FATHER { 11. Industry or business _____

12. Name *Aaron Bridges*

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

14. Maiden name *Elizabeth Bridges*

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

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant *Joe Bridges*

(b) Address *WICHITA, Kans. 1465 Pershing*

17. (a) *Burial* (b) Date thereof *June 3, 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Greenlawn*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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? _____

18. (a) Signature of funeral director *Booth Funeral Home*

(b) Address *Rich Hill, Mo.*

19. (a) *June 12 1942* (b) *Claude J. Allen*
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury *0*

33. Signature *L. D. LaHue* (M. D. or other) *md*

Address *Butler, Mo.* Date signed *6-24-42*

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

7
2
0

RECEIVED

District Health Officer 7,

District File Number 7-42-712.

Date Filed 7-7-42,

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.....

John G. Underwood

Licensed Embalmer No. 3580

P. O. Address... Butler, 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.