

FILED JUL 17 1942

Registration District No. 779

Primary Registration District No. 10024

Registrar's No. 14

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge MO.
(c) Name of hospital or institution: 1 Randolph Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 30 yrs (Specify whether years, months or days)
In this community about 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 94
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Walter Hays Bridgwater

3. (b) If veteran, name war 3. (c) Social Security No. 498-05-2011

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elna Bridgwater 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Oct 10 1904
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: Bismarck MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business

MOTHER FATHER {
12. Name Robert Bridgwater
13. Birthplace Cranford MO.
(City, town, or county) (State or foreign country)
14. Maiden name Lark Overstreet
15. Birthplace Shannon MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bridgwater
(b) Address Desloge MO.

17. (a) Burial (b) Date thereof June 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director C. J. Boyer
(b) Address Desloge MO.

19. (a) June 17, 1942 (b) Byrde Reubenstein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased Byrde Reubenstein
Miller June 16th 1942

that I last saw him alive on June 15th 1942
and that death occurred on the date and hour stated above.

Duration of death Gun Shot Wound
Immediate cause of death Gun Shot Wound
The deceased came to his death by gun shot wounds inflicted by a 22 caliber Rifle while cleaning the rifle and that it was accidental.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 June 15, 1942

(c) Where did injury occur Desloge, St. Francois MO
(City or town) (County) (State)

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

While at work? No (Specify type of place) Means of injury Gun Shot

23. Signature Carlene Claywell (M.D. or other) Carlene
Address Carlene MO Date signed 6/16/42

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

74
00

#P

1140

RECEIVED
District Health Officer No. 4
District File Number 742-857
Date Filed 6-9-43

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..... C. Z. Boyer. 1671
Licensed Embalmer No. 19 esage mo
P. O. Address..... 7

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.