

FILED SEP 2 1942  
Registration District No. 12

Primary Registration District No. 4153

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lockwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 25 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade 29

(c) City or town Lockwood Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Berryman Bridges

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 8 year 1942 hour 2 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan, 1941, to Aug 8, 1942  
that I last saw him alive on Aug 1, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emily J. Bridges

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: September 23-1856  
(Month) (Day) (Year)

Immediate cause of death: Myocardial Infarct

Due to Sinuetry

Due to \_\_\_\_\_

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

85	10	16	hr. min.
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9. Birthplace Springfield, Illinois  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John L. Bridges

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

14. Maiden name Narcissis Emeline Knight

15. Birthplace Springfield, Illinois  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

16. (a) Informant Bert Bridges

(b) Address Lockwood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Lockwood, Cemetery

18. (a) Signature of funeral director R. L. Hammond

(b) Address Lockwood, Missouri

19. (a) Aug 10-1942 (Date received local registrar) (b) Rebecca Miner (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature James A. Wren (M. D. or other) Address Lockwood Date signed 8-10-42

RECEIVED

District Health Officer No. 6, 5

District File Number 942-1284

Date Filed SEP 1 1942

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**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

R. L. Samuelson

Licensed Embalmer No. 3137

P. O. Address La. Kennel 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.**