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

1. PLACE OF DEATH:

(a) County... Livingston

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community... All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Livingston

(c) City or town... Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 427 Harriman St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Elizabeth Bridges

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 10 minute 30 a.m.

4. Sex Female 5. Color or race Black

6. (a) ~~Single~~ Married 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1936 to Oct. 19, 1942
that I last saw her alive on 10-21 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Vasular Hypertension Duration _____

Due to _____

Due to _____

Other conditions 102
(Include pregnancy within 3 months of death)

9. Birthplace Brookfield, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (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 Percy Bridges

(b) Address 1431 E. 19th Des Moines, Iowa

17. (a) Buried (b) Date thereof 10-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North cemetery

18. (a) Signature of funeral director E. Beckett 3227

(b) Address Chillicothe, Missouri

19. (a) Oct 23-1942 (b) Lou Ella Cozzy
(Date received local registrar) (Registrar's signature)

23. Signature Reuben Barney (M. D. or other)
Address Chillicothe, Missouri Date signed 10-23-

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.