

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38199**  
Registrar's No. **82**

**FILED DEC 14 1942**

Registration District No. **523**

Primary Registration District No. **4474**

97  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Saline

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 11 months (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 406 Moss Street  
(If rural, give location)

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

**3. (a) PRINT FULL NAME:** JESSE MISSARD BRIGHT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 507-10-1256

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 11 day 14  
year 1942 hour 9:3 minute 30 A.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nellie Rose Bright

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 26 March 1886  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 1939, 19\_\_\_\_, to 11-14- 1942  
that I last saw h. f. w. alive on 11-14, 1942  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>57</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Coronary Atherosclerosis

Due to arterio sclerosis

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

10. Usual occupation Cement Finisher

Other conditions 94a  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**

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

12. Name Samuel Bright

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Reams

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

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

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Nellie Bright

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 11-16-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo. Fairview cemetery

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Mo

19. (a) 1116-42 (b) Mr D on Hoffmann  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature Chas R Parson M D (M. D. or other) \_\_\_\_\_  
Address Sweet Springs Mo Date signed 11-14-42

1218

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-11-42

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 Jesset Harway  
Licensed Embalmer No. 2214  
P. O. Address Sweet Springs 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.