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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 2211

Registrar's No. 27

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 814 N. Franklin
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

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

(d) Street No. 814 N. Franklin
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Clarence Bridges

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 14 (Day) 1892 (Year)

8. AGE: Years 50 Months 8 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business Common Labor

FATHER
12. Name William H. Bridges
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary M. Saddlefield
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Ben F. Bridges
(b) Address 3404½ N. 11St. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut Spfg, Mo.

19. (a) 1-11-43 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1943 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec 26, 1942 to Jan 9, 1943 that I last saw him alive on Dec. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration 2 day

Due to Had Chronic Bronchitis for some years

Due to Probably Tuberculosis in Charactis

Other conditions Hemorrhage from Lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 3P
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature S F Freeman (M. D. or other)
Address Springfield, Mo. Date signed 1-11-43

(Licensed Embalmer's Statement on Reverse Side)

9 44

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 Body was Embalmed, Registered Apprentice No. working under my personal supervision.

Signed Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.