

FILED JUN 3 1943

Primary Registration District No. 5557

Registrar's No. 59

46
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town RURAL HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WEST PLAINS / ROVER ROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 55 YEARS (Specify whether
years, months or days)

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

3. (a) PRINT FULL NAME WINONA MILDRED BRIDGES

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES BRIDGES 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased FEBRUARY 29, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 18 hr. min.

9. Birthplace SUGAR TREE, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business 0

MOTHER FATHER
12. Name WALTER L. SUMMERS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name ANNA CONROE
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant JAS. M. BRIDGES

(b) Address WEST PLAINS, Mo. ROVER RT.

17. (a) BURIAL (b) Date thereof MAY 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST PLAINS, Mo. OAK LAWN CEM.

18. (a) Signature of funeral director W. J. Thompson

(b) Address WEST PLAINS, Mo.

19. (a) 5/31-43 (b) L. J. Paulin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17,
year 1943 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 17, 1943
to May 18, 1943
that I last saw her alive on May 18, 1943
and that death occurred on the date and hour stated above

Immediate cause of death
Cerebral Thrombosis
Coronary Thrombosis
Arteriosclerosis

Duration
5-15-43
5-12-43
10 yrs

Due to 0
Due to 0
Other conditions (Include pregnancy within 3 months of death) 0

PHYSICIAN
Major findings:
Of operations 0
Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) 0
(e) Means of injury 0

23. Signature E. G. Bohrer (M. D. or other) MD
Address West Plains, Mo. Date signed 5-21-43

1123

JUN 3 1988

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..... *Hal Flourburgh*

Licensed Embalmer No. *3408*

P. O. Address..... *West Plains, 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.