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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

Registration District No. 94

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5369

7024

State File No.

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Davies
(b) City or town Rural Sheridan Twp.
(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 (Specify whether years, months or days)
In this community most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Davies
(c) City or town Rural 2 mi. east of Ridder Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Sheridan Twp.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK M. BRISTOW
3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Bristow
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Nov. (Month) 10 (Day) 1896 (Year)

8. AGE: Years 47 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Davies Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name William Bristow
13. Birthplace Bay Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mary McCrary
15. Birthplace Davies Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Opal Bristow
(b) Address Ridder Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 20 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton
18. (a) Signature of funeral director [illegible]
(b) Address Hamilton Mo.
19. (a) 2-22-1944 (Date received by local registrar) (b) L. O. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Feb. year 1944. hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Gun shoot wound
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

184
21
2

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) Accident 1.31
(b) Date of occurrence Feb. 17, 1944.
(c) Where did injury occur? Davies Mo.. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm.
(Specify type of place)
While at work? Hunting (e) Means of injury Gun shot
23. Signature J. G. Bowman (M. D. or other) DO
Address Hamilton, Mo Date signed 2/19/44

1084

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1957

MAY 9 1944

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 Morris W. Beam

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.