

3. No. 2
4-342
5-17-39
P1 X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18790

State File No.

FILED JUN 12 1944

Registration District No.

Primary Registration District No. 43945887

Registrar's No.

1. PLACE OF DEATH: Ozark
 (a) County. Ozark
 (b) City or town. Rural Bayon Miss.
 (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
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. MO (b) County. Ozark
 (c) City or town. Rural Bayon Miss.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Edgar Bridges
 3. (b) If veteran, name war. World War I
 3. (c) Social Security No. _____

4. Sex. Male
 5. Color or race. W
 6. (a) Single, widowed, married, divorced. Divorced
 6. (b) Name of husband or wife. Jennie
 6. (c) Age of husband or wife if alive. 41 years
 7. Birth date of deceased. Oct. 9 1894
 (Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 15
 If less than one day hr. min.

9. Birthplace. Ozark Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. _____

12. Name. Jas. Rufus Bridges

13. Birthplace. Page 1
 (City, town, or county) (State or foreign country)

14. Maiden name. Emma Kirkland
 (State or foreign country)

15. Birthplace. Ozark Co MO
 (City, town, or county) (State or foreign country)

16. (a) Informant. Jennie Bridges
 (b) Address. Elijah MO

17. (a) _____ (b) Date thereof. 4 27 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Baptist Hill

18. (a) Signature of funeral director. Percy Robertson
 (b) Address. _____

19. (a) 6-1-44 (b) O.A. Beach
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 24
 year 1944 hour 3 minute 15 P M.
 21. I hereby certify that I attended the deceased from a few times
 in past 2 or 3 days
 that I last saw him alive on April 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration
 Angina Pectoris 1 yr
 Due to when this attack came on
 Due to _____

Other conditions. (Includes pregnancy within 3 months of death)
 94 L

Major findings: Of operations. Of autopsy. 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) _____
 (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?
 (Specify type of place)

While at work? (e) Means of injury. O
 23. Signature. O.A. Beach M.D.
 Address. Elijah MO Date signed. 6-9-44

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

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JUN 12 1944

JUN 22 1945

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.