

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1276

1. PLACE OF DEATH:

(a) County Burgess
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo 9 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME WILLIAM C. BRIDGEWATER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec 1 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Farm

11. Industry or business —

MOTHER FATHER { 12. Name John Bridgewater
13. Birthplace Unknown (City, town, or county) Pa (State or foreign country)
14. Maiden name Sarah K. Poole
15. Birthplace Unknown (City, town, or county) Pa (State or foreign country)

16. (a) Informant Parents Hospital
(b) Address St Joseph Mo.

17. (a) Removal (b) Date thereof Dec. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Missouri

18. (a) Signature of funeral director Herman W. Gedejaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-19-44 (b) Walter J. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1944 hour 10-05 minute a M.

21. I hereby certify that I attended the deceased from 12-1 1944 to 12-19 1944
that I last saw him alive on 12-18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to —
Other conditions Smile deterioration
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy —

Duration
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? —

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

23. Signature W. S. Salyer (M. D. or other)
Address St Joseph Mo. Date signed —

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

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.....

Keith Collier

Licensed Embalmer No.

3632

P. O. Address.....

St Joseph 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.