

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1693

FILED FEB 13 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
517 N. 24th St. (HOME)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Fifty Years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan  
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")  
(d) Street No. 517 North 24th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

George Douglas Bright.

(b) If veteran, NO  
name war NO

(c) Social Security 487-14-5106  
No. NO

4. Sex Male Color or race White

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

6. (b) Name of husband or wife Nera Mack Bright

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 30th 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>25</u>	hr. min.

9. Birthplace Logansport, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman - also Merchant.

11. Industry or business Glenn Bright.

12. Name Logansport, Indiana.

13. Birthplace Logansport, Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Graff

15. Birthplace Frankfort, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nera Mack Bright

(b) Address 517 North 24th Street

17. (a) Removal (b) Date thereof Jan 25, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director W. F. S. Sweeney

(b) Address 602 South 10th Street

19. (a) 1-25-45 (b) Walter T. Pickle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th.  
year 1945 hour 12 NOON minute 0 M.

21. I hereby certify that I attended the deceased from Jan 12<sup>th</sup>  
1944 to Jan 25<sup>th</sup> 1945  
that I last saw him alive on Jan 24<sup>th</sup> 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular lesion of Heart.  
Duration 1 year

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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. F. Sweeney (M. D. or other) \_\_\_\_\_  
Address Lawrence, Kansas Date signed 1-25-45

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

MOTHER FATHER

**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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

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.**