

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36091**  
Registrar's No. **4771**

**FILED DEC 6 1945**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether)  
 In this community 60 years  
years, months or days

**3. (a) PRINT FULL NAME** Harvey E. Bridendolph  
**3. (b) If veteran,** no **3. (c) Social Security**  
name war no No. no

**4. Sex** M. D. **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** widowed  
**6. (b) Name of husband or wife** Sarah Ellen **6. (c) Age of husband or wife if**  
alive 1863 years  
**7. Birth date of deceased** March 1863  
(Month) (Day) (Year)

**8. AGE:** Years 87 Months 8 Days 17  
If less than one day  
hr. min.

**9. Birthplace** Morrisville Maryland  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Lather

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** John Bridendolph  
**13. Birthplace** Maryland  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Susan Hartman  
**15. Birthplace** Maryland  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Neil M. Bridendolph

**(b) Address** 741 Waukey

**17. (a) Burial** **(b) Date thereof** 11-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Woodlawn K.C.

**18. (a) Signature of funeral director** Edna Bros.

**(b) Address** 1416 W. 11th

**19. (a) 11-21-45** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3615 Agnes  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov. 19 day  
 year 1945 hour 4 minute 50 P.M.

**21. I hereby certify that I attended the deceased from** Nov. 6, 1945 to Nov. 19, 1945  
 that I last saw him alive on Nov. 19, 1945  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
Extravasation of urine following  
transurethral resection  
 Due to Hypertrophy of prostate

**Other conditions**  
(Include pregnancy within 3 months of death) 137a

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy None

**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?  
 \_\_\_\_\_

**23. Signature** Clark W. Deely, M.D. **(M. D. or other)**  
 Address Med. Dir. Gen'l Hosp. Date signed 11-20-45  
While at work? (Specify type of place) (e) Means of injury

**Duration**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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**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:.....

*O. H. Bedewitz*

Licensed Embalmer No. ....

*3937*

P. O. Address:.....

*1416 Minnesota P.O.*

**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.**