. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42203

Registration District No. 293 Primary Registration District No. 4443 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 Library Street
(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 Missouri (b) County Randolph 88
(c) City or town Huntsville /
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Library Street 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Beatrice M. Bright
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife L.C Bright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 30 (Day) 1864 (Year)

8. AGE: Years 80 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Thomas Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Alexander Jackson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Amelia Minor
15. Birthplace Thomas Hill (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. E.D. Jackson.
(b) Address Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/26/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri
18. (a) Signature of funeral director Tom G Patton
(b) Address Huntsville Mo
19. (a) 11-30-1945 (Date received local registrar) (b) Mrs D.A. Bernhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1945 hour 9:30 A.M. minute M.
21. I hereby certify that I attended the deceased from June 1, 1940, to Nov 24, 1945, that I last saw her alive on Nov 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
cerebral Hemorrhage — 2 Hours
Due to arterio-sclerosis & Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O V Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 11/30/45

1400 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1967
Date Filed DEC 20 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Md

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.