

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 5 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1996

Registration District No. 28

Primary Registration District No. 6099

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Foster (Rural) Indiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 67 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates?  
(c) City or town Foster (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Dennis J. Bright

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15  
year 1946 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 4, 1946 to Jan 15, 1946  
that I last saw him alive on Jan 14, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lana Bright 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Feb. 11, 1871  
(Month) (Day) (Year)

Immediate cause of death Carcinoma Primary of Prostate  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration 2 or 3 yrs

8. AGE: Years 74 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fairburn Ill.  
(City, town, or county) (State or foreign country)

Other conditions Arterio sclerosis  
(Include pregnancy within 3 months of death)

6 year

10. Usual occupation Farming

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

PHYSICIAN

11. Industry or business General Farming

Of autopsy 5/18  
Underline the cause to which death should be charged statistically.

12. Name Amos Bright

13. Birthplace Fairburn Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Lora Bright

15. Birthplace Lebanon Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lana Bright

(b) Address Foster, Mo.

17. (a) Burial (b) Date thereof 1-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Independence, Mo.

18. (a) Signature of funeral director W. Taylor and Son Pleasanton, Mo.  
(b) Address \_\_\_\_\_

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 plane) (c) Means of injury \_\_\_\_\_

23. Signature Fred Edmunds (M. D. or other) DO  
Address Pleasanton, Mo. Date signed 1-16-46

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

7

0

030

52

RECEIVED  
Deputy Health Officer No. 7,  
District No. 1-46-2  
Date Filed 2-4-46

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W<sup>th</sup> P. Torrey  
Licensed Embalmer No. 3441  
P. O. Address Pleasanton, Ky

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.