

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

29261

**FILED** AUG 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 223

Primary Registration District No. 4474

Registrar's No. 74

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town SWEET SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
North City Limits of S.S. 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE 97

(c) City or town SWEET SPRINGS 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. No. CITY LIMITS  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NELLIE ROSE 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 WIDOW

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive DEAD years \_\_\_\_\_  
(Day) 1876 (Year)

7. Birth date of deceased JULY 7 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
year 1946 hour 10 minute 30 a. m.

21. I hereby certify that I attended the deceased from Aug 5  
1946 to Aug 6 1946

that I last saw her alive on Aug 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

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

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

Other conditions ✓ if 3/26  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>0</u>	<u>29</u>	hr. _____ min.

9. Birthplace WHITE HOUSE OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business \_\_\_\_\_

12. Name NOT KNOWN

13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Self (Letter Left)

(b) Address \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 8/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director P. C. Carter

(b) Address Shunt Lane 740

19. (a) 8/7/46 (b) Dolly Anderson  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: None

Of operations None

Of autopsy None

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 0

23. Signature P. H. Ringer (M. D. or other) \_\_\_\_\_

Address Sweet Springs Mo. Date signed 8/15/46

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

28099

293

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-17-46

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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..... R. C. Carter.....

Licensed Embalmer No. 3513.....

P. O. Address..... Shelby Ave. W......

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.