

FILED DEC 13 1947

State File No. _____

Registration District No. 20

Primary Registration District No. 3043

Registrar's No. 406

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Fountain Bridgman

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roselma Rhoades 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: July 25 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Lewis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name William Briggman

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

14. Maiden name Alice Jones (State or foreign country)

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

16. (a) Informant Mrs Charley Bridgman

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 12/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Greenwood

(b) Address Palmyra, Mo.

19. (a) 12-4-47 (b) A. C. M. Luckey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 29, 1947
to Nov 29, 1947
that I last saw him alive on Nov 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage
Empyema
Due to Fractured ribs + pneumonia
of lungs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 29, 1947

(c) Where did injury occur? Palmyra Marion Mo.
(City town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? Yes (Specify type of place) (e) Means of injury Run over by wagon

23. Signature J. W. Wall (M. D. or other)

Address Palmyra, Mo. Date signed 12/2/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Paul A. Lewis*
Licensed Embalmer No. *7382*
P. O. Address *Palmyra 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.