

S. No. 2
-12-45
-5-17-39
I X47070

DEPARTMENT OF HEALTH
BUREAU OF THE CENTRAL
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44319

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution:
2009 W. 10TH ST.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town JOPLIN 2
(d) Street No. 2009 W. 10TH ST. 5
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME MARY J. BRIDGEWATER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 25 year 1947 hour 5:20 minute P. M.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH 8 1867
(Month) (Day) (Year)

24. I hereby certify that I attended the deceased from Jan. 1, 1947, to Dec. 20, 1947, that I last saw her alive on Dec. 23, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 9 17 hr. min.

Immediate cause of death Apoplexy 4 days
Due to Hypertension 4 yrs
Due to Arteriosclerosis 4 yrs
Other conditions 80 yrs 7 age
(Include pregnancy within 3 months of death)

9. Birthplace JASPER - Co. MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

PHYSICIAN
Major findings: Of operations. Of autopsy. Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name ISSAC DAVIS
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

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

16. (a) Informant Jack Brignone
(b) Address Joplin Mo.
17. (a) Burial (b) Date thereof 12-27-47
(c) Place: burial or cremation HAZEL GREEN
18. (a) Signature of funeral director Beverly Thompson
(b) Address
19. (a) 12-26-47 (Date received local registrar)
(b) Address
(c) Registrar's signature

While at work? (Specify type of place) (e) Means of injury
Signature L. O. Blomman (M. D. or other)
Address Joplin, Mo. Date signed 12-26-47

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

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 Corey Thompson

Licensed Embalmer No. 3259

P. O. Address Nessha 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.