

Registration District No. **116**

Primary Registration District No. **3020**

1. PLACE OF DEATH:
(a) County **Franklin**
(b) City or town **Washington**
(c) Name of hospital or institution: **St. Francis Hospital**
(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 **Franklin**
(c) City or town **Union**
(d) Street No. **111 E. Grand**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Linda Lee Bridgeman**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month **March** day **14th**
year **1948** hour **1** minute **30 a.** M.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 7th 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-9**, 19**48** to **3-14**, 19**48**
that I last saw her alive on **3-13**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months **1** Days **7**
If less than one day _____ hr. _____ min.

Immediate cause of death **Venous sinus thrombosis**
Duration **4 days**
Due to _____
Due to _____
Other conditions _____
Major findings: **104B**
Of operations _____
Of autopsy _____

9. Birthplace **Washington Mo.**
10. Usual occupation _____

11. Industry or business _____
12. Name **Billy Bridgeman**
13. Birthplace **Arkansas**
14. Maiden name **Eda Stekton**
15. Birthplace **Nebraska**

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 **Billy Bridgeman**
(b) Address **Union Mo.**
17. (a) **Burial** (b) Date thereof **3/15/1948**
(c) Place: burial or cremation **Wooddale Pland Mo.**
18. (a) Signature of funeral director **E. F. Olman**
(b) Address **Union Mo.**
19. (a) **3-15-48**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **J. M. Senny** (M. D. or other) **M.D.**
Address **Union Mo.** Date signed **3-15-48**

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

166629

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 25 1948

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.....

not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. F. Ottman*.....

Licensed Embalmer No. *1686*.....

P. O. Address *Union 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.