No. 300
1—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37740

Registration District No. 581 — Primary Registration District No. 6032 — Registrar's No. 2349

1. PLACE OF DEATH:
(a) County Ripley Doniphan Twp
(b) City or town Doniphan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley 91
(c) City or town Doniphan - rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY FRANCES BRIDDLE
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race W
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 1 - 24 - 1872 (Month) (Day) (Year)
8. AGE: Years 76 Months 9 Days 0 If less than one day ____ hr. ____ min.
9. Birthplace Kirkville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation nurse - retired
11. Industry or business —
MOTHER FATHER
12. Name Bob Willis
13. Birthplace Kirkville (City, town, or county) Mo. (State or foreign country)
14. Maiden name Elizabeth Fronchanger
15. Birthplace unknown (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Ethel Gould
(b) Address Doniphan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Doniphan cemetery
18. (a) Signature of funeral director L. W. Edwards
(b) Address Doniphan Mo.
19. (a) 10-29-48 (Date received local registrar) (b) C. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1948 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from 10/20/48, to 10/23/48, that I last saw her alive on 10/23/48, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	
Due to Diabetic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Broken hip 10/19/48	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN — 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) 91
(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 J. Clay Adamson (M. D. or other)
Address Doniphan, Mo. Date signed 10/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-16-48
District Health Officer No. 5,
District File Number 1148714
Date Filed 11-18-48

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.

S. No. 2B
25M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 301 Primary Registration District No. 6032 Registrar's No. 2349

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(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 Mary F. ~~Briddle~~ Briddle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 24 (Day) 1872 (Year)

8. AGE: Years 76 Months 9 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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) Drokenhip AN Accident.

(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? Yams (e) Means of injury Fall

23. Signature Edw. Adamson (M. D. or other)

Address Doniphan, Mo. Date signed 12-1-48

SUPPLEMENTARY

S-37740