

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

4  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D SEP 20 1939

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Callaway ✓

(b) City or town Russell - Fulton ✓  
(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 Missouri (b) County Callaway

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Christopher C. Bridges 63

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16<sup>th</sup>  
year 1939 hour 17:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him dead August 16<sup>th</sup> \_\_\_\_\_ 19 39  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice M. Bridges 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 30 1867  
(Month) (Day) (Year)

Immediate cause of death from a sudden attack of heart ailment while driving his cows home Duration \_\_\_\_\_

Due to ascending quite a little hill two or three hundred yards S.W. of his residence.

8. AGE: Years 74 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name James P. Bridges

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

14. Maiden name Brigate Adamson

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

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.

16. (a) Informant's own signature Alice M. Bridges

(b) Address Fulton, Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov. 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benedict

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Geo W. Wallace

(b) Address Fulton, Mo

19. (a) Aug 19 1939 (b) R. N. Newe  
(Date received local registrar) (Registrar's signature) 16/10

23. Signature W. W. Holman Baroner  
(Name of other) (Name of other)

Address 8-E-8th - ST. Fulton, Mo Date signed 8/17/39

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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 Leo G. Wallace  
Licensed Embalmer No. 3373  
P. O. Address Fulton Md

**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, above space should be left blank.**