

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

14458

Registration District No. 98

Primary Registration District No. 4060

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Kingston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 68 yrs - 7-m - 17-da years, months or days)

3. (a) PRINT FULL NAME Eliza A. Bridgewater
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lee Bridgewater 6. (c) Age of husband or wife If alive 66 years
 7. Birth date of deceased August 9 - 18 71
 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Johnathan M. Waggoner
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Clarinda Montgomery
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Bridgewater
 (b) Address Kingston Mo

17. (a) Burial (b) Date thereof March 29 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Ordmer Clark
 (b) Address Kingston Mo

19. (a) Mar 26 - 1940 (b) Mrs Ruth Hill
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
 (c) City or town Kingston
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
 year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 11th
 1940 to March 26, 1940
 that I last saw her or alive on March 26, 1940
 and that death occurred on the date and hour stated above

Immediate cause of death Bronchial Pneumonia Duration 15 days

Due to Influenza and Cold

Due to Chronic Hypertension

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. S. Howell (M. D. or other) _____
 Address Kingston Mo Date signed 3-28-40

WORLD LEADING USE OF UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1931

RECEIVED
District Health Officer No. 14,
District Health Officer No. 11,
District File Number 540-62
Date Filed MAY 6 1940

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.....

Cramer Clark

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston 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, above space should be left blank.