

5-17-39  
I X23159

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

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Phillips Hotel - 12th & Baltimore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
In this community 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 508 East 59th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st  
year 1940 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Gunshot wound of head

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 167

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 10-1-40  
(c) Where did injury occur? H.P.  
(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 h  
23. Signature W. A. P. Miller (M. D. or other)  
Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mr. Russell S. (Jerry) Bridges

3. (b) If veteran, name war None 3. (c) Social Security No. 486-03-2033

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Agnes Bridges 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November 6 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 10 25 hr. min.

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

10. Usual occupation Manager off

11. Industry or business Municipal Air Terminal Ticket

12. Name Charles R. Bridges

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

14. Maiden name Mattie Stockton

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

16. (a) Informant Mrs. R. S. Bridges

(b) Address 508 E. 59th St.

17. (a) Burial (b) Date thereof Oct. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walden Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-2-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**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..... *A. C. Newcomer*.....

Licensed Embalmer No. *4043*.....

P. O. Address..... *N. C. 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.**