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2315B

FEB 17 1941

STANDARD CERTIFICATE OF DEATH

State File No. 3615

Registration District No. 1046

Primary Registration District ~~1046~~ 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural - Shoals Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Miles South of Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 53 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural - Shoals Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles South of Joplin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

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3. (a) PRINT FULL NAME Tazwell O. Bridget

3. (b) If veteran, name war No 3. (c) Social Security No. NO - 0366

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased September 8 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 5 If less than one day
hr. min.

9. Birthplace Shannandoah Valley, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mill Builder

11. Industry or business Builder

12. Name James A. Bridget

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

14. Maiden name Mary A. Rodgers

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

16. (a) Informant Clayton Bridget
(b) Address Joplin Mo. Blvd.

17. (a) Burial (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery
(d) Signature of funeral director Hurlbut and Co.
(e) Address 212 Joplin St. Joplin, Mo.

19. (a) 1-15-41 (b) U.D. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1941 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 13-1941
that I last saw him alive on December 28, 1940
and that death occurred on the date and hour stated above,

Immediate cause of death Chronic Valvular Heart Disease
Duration _____

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) _____

(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) (e) Means of injury _____

23. Signature H. St. Winchester (M. D. number) _____
Address Joplin Mo. Date signed 1-15-41

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

RECEIVED

District Health Officer No. 01

District File No. DIST. 141-240

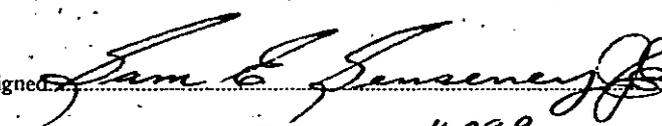
Date Filed FEB 7 1941

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



Licensed Embalmer No. 4099

P. O. Address Daplin Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.