No. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6721

State File No. 56

Registration District No. 213 Primary Registration District No. 3014 Registrar's No.

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City. (If outside city or town limits, write "RURAL") 5

(d) Street No. 501 E. Franklin. (If rural, give location) 4

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Ellen A. Bright

3. (b) If veteran, name war ----------

3. (c) Social Security No. 492-12-7992

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Julius E. Bright

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 3, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 13 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Dennis Brown
13. Birthplace Cole Co. Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Bell Pace
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Julius E Bright

(b) Address 501 E. Franklin Jefferson City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/41 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 2/18/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16th year 1941 hour 9 minute 45A M.

21. I hereby certify that I attended the deceased from August 1st, 1940 to Feb 26, 1941 that I last saw her alive on Feb 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative shock.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Abdominal Hernia, Numerous

Of autopsy dens, adhesions

Duration

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)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other) 0

Address Jefferson City Date signed 2/17/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3701

P. O. Address Jefferson City, Mo.

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

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