

STANDARD CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. 5088

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Bates Rural River
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 year
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town Bates Rural
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
 year 1941 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 1940
 _____, 1940, to May 23, 1941;
 that I last saw him alive on May 23, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chromosomes

 Due to years

 Due to _____

Other conditions Arterio-Sclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence _____
 (c) Where did injury occur? none
 (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) (c) Means of injury _____
 23. Signature E E Robinson (M. D. or other) D
 Address Adrian Mo Date signed 5-24-41

3. (a) PRINT FULL NAME Mary Ann Bridges
 3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Bridges 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 24 1853
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 0 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Rizley
 13. Birthplace not known Ky.
 (City, town, or county) (State or foreign country)
 14. Maiden name Candice Stagg
 15. Birthplace not known Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph J. Bridges
 (b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof May 25, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hill Gardens

18. (a) Signature of funeral director Atkinson Bros.
 (b) Address Archie, Mo.
 19. (a) May 24-41 (b) Ethel C. Stephens
 (Date received local registrar) (Registrar's signature)

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

7000

RECEIVED

District Health Officer No. 7,

License File Number 6-41-935

Date Filed 6-9-41

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 Hoyd Atkinson

Licensed Embalmer No. 3970

P. O. Address Harrisonville

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.