

Registration District No. 605

Primary Registration District No. 4359

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
 (c) City or town near Tallypoan
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1941 hour one minute 30 A.M.
 21. I hereby certify that I attended the deceased from
5-15-41, 19, to 6-3-41, 19;
 that I last saw her alive on 5-31-41, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Whooping Cough
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Phillie June Bridger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Baby
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 7 41
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER { 12. Name Chas Bridger
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Walter Cutler
 15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Bridger
 (b) Address Tallypoan, Mo.

17. (a) Burial (b) Date thereof June 3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Hubert

18. (a) Signature of funeral director Landless Funeral Home
 (b) Address 9 Campbell Mo

19. (a) 6/3/41 (b) Dr. Sewell
(Date received local registrar) (Registrar's signature)

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?
5314 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Dr. Sewell (M. D. or other) _____
 Address Spring Mo. Date signed 6-3-41

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

RECEIVED

District Health Officer No. 2

District File Number 741-89

Date Filed 7/15/46

12	27	135	324	27
1		21	236	12
2	21	135	560	54
+	0	70		27

12	28	35	324	27
	24		824	
	45			

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 none

....., Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.