

FILED FEB 16 1942

Registration District No. 06

Primary Registration District No. 4562

Registrar's No.

1. PLACE OF DEATH:

(a) County BATES

(b) City or town FOSTER
(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 80 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES

(c) City or town FOSTER
(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

3. (a) PRINT FULL NAME JOHN WESTLEY BRIGHT

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month JANUARY day 17
year 1942 hour ONE minute FIFTY P.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife EMELY BRITE 6. (c) Age of husband or wife if alive 16 years (Month) (Day) (Year)

7. Birth date of deceased JUNE 16 - 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19.....

and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 8 Days 1 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis
Arteriosclerosis

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations

Of autopsy

10. Usual occupation FARMER

11. Industry or business

12. Name AMOS BRITE

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

14. Maiden name MARY WINCE

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

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?

16. (a) Informant Anna Mullies

(b) Address Foster, Missouri

17. (a) BURIAL (b) Date thereof JAN-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODFIN CEMETERY

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo.

23. Signature Richard Smith (M. D. or Registrar)
Address Acting Coroner Date signed 1-19-42

19. (a) Jan 19 42 (b) Dr. Mabel Goodenough
(Date received local registrar) (Registrar's signature)

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

7
5
3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Rich Hill. Mo

FEB 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 2-45-76

Date Filed 2-11-42

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.