

Registration District No. **108**

Primary Registration District No. **0937d**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Pack**
(b) City or town **Gardson (J Green)**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **ms** (b) County **Pack**
(c) City or town **Balinas**
(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.

3. (a) PRINT FULL NAME **Mary E Bridges**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** / race **White** 5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marion Bridges** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **July 9 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **2** If less than one day hr. min.

9. Birthplace **Webster County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business

MOTHER FATHER { 12. Name **Alfred Beunt**
13. Birthplace **Missouri** (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** (State or foreign country)

16. (a) Informant **Marion Bridges**

(b) Address **Gardson MS**

17. (a) **Burial** (b) Date thereof **2 12 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Piegals cemetery**

18. (a) Signature of funeral director **Corning & Blue**

(b) Address **Balinas MS**

19. (a) **Feb 12** (b) **Martha Bush**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11th** year **1942** hour **9:00** minutes **15** M.

21. I hereby certify that I attended the deceased from **Feb 8th** 19**42** to **Feb 11** 19**42**
that I last saw her alive on **Feb 11** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **830**

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **DD**

23. Signature **W. A. Gumbert** (M.D. or other) **DD**

Address **Balinas** Date signed **2-12-42**

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-223

Date Filed 3-9-42

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

Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.