S. No. 2
1—1-4-41
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10459

FILED APR 13 1942

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 501 E. Shanklin Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. 501 E. Shanklin Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Peter Austin Bridges

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Freda Wagner 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. (Month) 29 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
70	0	0	hr. min.

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

10. Usual occupation Plumber

11. Industry or business _____

FATHER
12. Name John Bridges
13. Birthplace Ankeny (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Jane Hubbard
15. Birthplace _____ (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Peter Bridges
(b) Address Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo

19. (a) 3-31-1942 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1942 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-3-41, 19____, to 3-29 1942, that I last saw him alive on 3-25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of mouth	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

4 5C

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 William B. Atwood (M. D. or other)
Address Carrollton, Mo Date signed 3/31/42

1002

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
Filed 4-13-42

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.