

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23715

Registration District No. 17-5

Primary Registration District No. 4014

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Fairfax
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 65 (Specify whether
In this community 65 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Fairfax
(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 THOMAS BRIGHT

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 20 years

7. Birth date of deceased April 20, 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Greenbrier Co., W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name Jesse Bright

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

14. Maiden name Margaret Pinnell

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

16. (a) Informant Thomas Letah Carr

(b) Address Fairfax, Mo.

17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Home Cemetery

18. (a) Signature of funeral director Schools Funeral Home

(b) Address Fairfax, Mo.

19. (a) Aug 3-42 (b) Mrs. Daniel Hart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1942 hour 1 minute 00 a. M.

21. I hereby certify that I attended the deceased from July 1 to Aug 1 1942
that I last saw him alive on July 31 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Senility
Due to chronic nephritis & coronary arteriosclerosis

Other conditions Carcinoma of ear.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 53
Of autopsy

Duration 4 wks.

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

23. Signature H.C. Bauman (M. D. or other) MD
Address Fairfax, Mo. Date signed 8/3/42

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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 *Marvin H. Schuler*

Licensed Embalmer No. *4162*

P. O. Address *Jacobs, Missouri*

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.