. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26347

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3229

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3200 Lockridge 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 3200 Lockridge
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Enid E. Bridges

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race white

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

6. (b) Name of husband or wife Martin L. Bridges

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Apr 3 (Month) 1908 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	4	24	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name E. E. Emery
13. Birthplace Narka (City, town, or county) Kans (State or foreign country)

MOTHER
14. Maiden name Martha J Higgs
15. Birthplace Bahama (City, town, or county) Islands (State or foreign country)

16. (a) Informant Martin L Bridges
(b) Address 3200 Lockridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C L Forster
(b) Address 918 Brooklyn Mo

19. (a) 8-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Crown, 19..., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Gleoflastoma - Malignant right Central hemisphere

Due to .....

Due to 54B

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

Major findings:
Of operations .....
Of autopsy See opn

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? ..... (Specify type of place)
While at work ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) 8/28/42
Address Fenn Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 Benjd C. Browning

Licensed Embalmer No. 2724

P. O. Address St. C. 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.