S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37000

State File No.

FILED DEC 7 1942

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 161

35
0
0

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett - Rural - Independence
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35 0

(c) City or town Kennett, (Rural) 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Jim Melvin Bridges

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race Wh.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September 25, 1942
(Month) (Day) (Year)

8. AGE: Years — Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Cecil Bridges
13. Birthplace Pascola Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Verbal Watson
15. Birthplace Piggott Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Bridges
(b) Address Kennett, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/42
(Month) (Day) (Year)
(c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo

19. (a) ~~[illegible]~~/42 Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1942 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 10-27- 1942 to 10-29- 1942
that I last saw him alive on Oct 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ileo Colitis

Due to Improper feeding

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

119a

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 T J Rigdon (M. D. ~~or other~~)

Address Kennett Mo Date signed 11-1-1942

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1242-1507
Date Filed 12-5-42

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 This body Was Not embalmed Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.