

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

38392

FILED DEC 12 1942 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Rural - Allen
(c) Name of hospital or institution: 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
years, months or days)

3. (a) PRINT FULL NAME BARBARA JANE BRIDGES

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years
7. Birth date of deceased months 28 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Worth Co mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

12. Name John Wilson
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Laura Walter
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Winnie Hunter
(b) Address Denver Mo

17. (a) Burial (b) Date thereof Oct 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Boan
(b) Address Denver, Mo

19. (a) Nov 10, 1942 (b) Arlene Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Worth
(c) City or town Denver Mo - Rural
(If outside city or town limits, write "RURAL")

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

- (e) Citizen of foreign country? in (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 11
1942 to Death 1942

that I last saw her alive on Oct 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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?

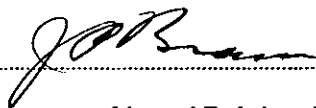
While at work? ✓ (Specify type of place)
(e) Means of injury

23. Signature W. H. Taylor, D.O. (M. D. or other)
Address Denver Mo Date signed Oct 27

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.....



Licensed Embalmer No. 2947

P. O. Address Denver, 1116

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.