No. 2
9-4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943 128

Registration District No. ~~310~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 6307

Registrar's No. 184

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

9
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State Missouri (b) County Texase

(c) City or town Houston
(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 Rosa Emiline Bridges

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Bridges

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

7. Birth date of deceased April (Month) 26, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name John Elinore
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Harris
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. Henry Bridges
(b) Address Houston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Houston, Missouri

18. (a) Signature of funeral director Elliott Funeral Home
(b) Address Houston, Missouri

19. (a) 22843 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 2/11 1943 to 2/25 1943
that I last saw her alive on 2/25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart D

Due to Fell from born left 5 wks ago, Striking manger on left side

Due to

Other conditions Multiple rib fractures
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 107

(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 [illegible] (M. D. or other)
Address Springfield, Mo. Date signed 2/28/43

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6307

Registration District No. ..... Primary Registration District No. 2000 Registrar's No. .....

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St John's Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 da (Specify whether
In this community 14 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

(c) City or town Houston
(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 Rosa E Bridges

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Apr (Month) 26 (Day) 1886 (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day ..... or ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour ..... minute ..... M.

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

Immediate cause of death Coronary heart disease

Due to Fell from barn loft 5 wks ago skinning

Due to manger on left side

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1860
18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Jan. 1943

(c) Where did injury occur? at her home
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell from barn loft
(Specify type of place)

While at work? yes (e) Means of injury —

23. Signature H A Lowe (M. D. or other)

Address ..... Date signed 3/29/43