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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 '43

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7207

State File No.

Registration District No. 2494

Primary Registration District No. 3052

Registrar's No. 45

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town 1/2 miles East of Clifton City Mo
(If outside city or town limits, write "RURAL") Rural
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Oliver T. Bridges

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 married

6. (b) Name of husband or wife Maria

6. (c) Age of ~~husband or~~ wife if alive 72 years

7. Birth date of deceased Aug 5 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph H. Bridges
13. Birthplace State of Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara A Bowman
15. Birthplace State of Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maria Bridges
(b) Address Otterville Mo

17. (a) Burial (b) Date thereof 2-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Smithton Mo

18. (a) Signature of funeral director A. F. Hennings
(b) Address Smithton Mo

19. (a) 5-7-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 1943 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 2, 1943, to Feb 5, 1943
that I last saw him alive on Feb 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration
Due to Chron Myocarditis
Due to Arteriosclerosis

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

23. Signature J. J. Hertzog (M. D. or other)
Address Smithton Mo Date signed 3/7/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-4-43

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 A. F. Hemmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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, above space should be left blank.