

Registration District No. 341

Primary Registration District No. 6151a

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Rural, Elk Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (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

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State Missouri (b) County Stoddard
 (c) City or town Rural, Elk Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. Dexter mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Shelby Jean Bridges
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1943 hour 12 minute 15 a. m.
 21. I hereby certify that I attended the deceased from June 25, 1943, to June 28, 1943
 that I last saw h. alive on June 28, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 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: April 27 1942
(Month) (Day) (Year)

Immediate cause of death She cotit
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Duration _____

8. AGE: Years Months Days If less than one day
1 2 1 _____ hr. _____ min.
 9. Birthplace: Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name Walter E. Bridges
 13. Birthplace Green Co. Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Willie Mae Fauller
 15. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Walter E. Bridges
 (b) Address Parma, Mo. R.1
 17. (a) Burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Taylor Cem.
 18. (a) Signature of funeral director Blanks-Strickland
 (b) Address Dexter, Mo.
 19. (a) 8-10-43 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

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 Nora Smith (M. D. or other) _____
 Address Parma mo Date signed 8/11/43

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

MOTHER FATHER

1134

RECEIVED

District Health Office No. 2,

District File Number 913-1188

Date Filed 9-13-43

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 _____

Licensed Embalmer No. 3479

P. O. Address Depto, 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.