

S. No. 2  
M-2.43  
5-17-39  
PI X35697

30526

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 13 1943

Registration District No. 1002/49

Primary Registration District No. 1002

Registrar's No. 4150

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson

(c) Name of hospital or institution: Genl Hosp. No. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks

In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.

(d) Street No. 1107 Garfield

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isabell Bridges

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 5. Color or race Col

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

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

6. (c) Age of husband or wife if alive deceased years 1883

7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1943 hour 12:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

8. AGE: Years Months Days If less than one day

60 hr. \_\_\_\_\_ min.

Due to fracture of femur

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1860-18

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

10. Usual occupation unemployed

11. Industry or business \_\_\_\_\_

12. Name Alfred Williams

13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name Caroline

15. Birthplace Texas (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Inf. history

Underline the cause to which death should be charged statistically.

16. (a) Informant John M. Bridges

(b) Address 1219 Michigan

17. (a) Burial (b) Date thereof Oct. 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo

19. (a) 9-30-43 (b) M. C. Brown (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) acc 12-3

(b) Date of occurrence 8-29-43

(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work no (Specify type of place) Means of injury fall

23. Signature Lucian P. Richards (Date) (City or town) (State) or other

Address 1832 Pine Date signed 9-29-43

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

MOTHER FATHER

