

LED NOV 12 1943

Registration District No. 283 Primary Registration District No. 2037.5hJS Registrar's No. 163

1. PLACE OF DEATH:

(a) County Laurence

(b) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt Vernon Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Life time 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Laurence

(c) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 055
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA May Bridges

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1943 hour..... minute..... M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife Earl Huston 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 1 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/25 to 9/25 1943 that I last saw him alive on 9/25 and that death occurred on the date and hour stated above.

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

42 6 3 hr. min.

Immediate cause of death Myocardial failure

Due to Ch. Endocarditis & Myocarditis

Due to (Luetic?)

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Laurence MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Eli Bridges

13. Birthplace Greene Co. MO. 0
(City, town, or county) (State or foreign country)

14. Maiden name Fizzie Brown

15. Birthplace Greene Co. MO. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations..... 308

Of autopsy.....

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

16. (a) Informant John Bridges
(b) Address Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Oct 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesapeake, Mo.

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)

23. Signature Janeth Glover (M. D. or other) 10/14/43
Address Mt. Vernon, Mo. Date signed 10/14/43

18. (a) Signature of funeral director H. O. Fessett
(b) Address Mt. Vernon Mo.

19. (a) 10-7-43 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

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

2057

RECEIVED

District Health Officer No. 6,

District File Number 1143-1194

Date Filed NOV 2 1943

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 Mar L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mr. Vernon

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.