

No. 2  
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17-39  
X35897

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38696**  
Registrar's No. **163**

FILED DEC 6 1943

Registration District No. **210** Primary Registration District No. **H322**

1. PLACE OF DEATH:  
(a) County **Mercer**  
(b) City or town **Princeton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community **62** years, months or days

3. (a) PRINT FULL NAME **George M. Bristow**  
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 **Widowed**  
6. (b) Name of husband or wife **Jessie Bristow** 6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased **Feb. 13 1855**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88** **8** **17** hr. min.

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

10. Usual occupation **Doctor**

11. Industry or business

12. Name **Wesley O. Bristow**

13. Birthplace **Overton Co. Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Cherry**

15. Birthplace **Overton Co. Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. A. S. Bristow**

(b) Address **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof **10-31-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton**

18. (a) Signature of funeral director **Wesley O. Bristow**

(b) Address **Princeton, Mo.**

19. (a) **11-6-43** (b) **Jessie Alley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Mercer**  
(c) City or town **Princeton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30**  
year **1943** hour **8** minute **10 a.** M.

21. I hereby certify that I attended the deceased from **April 19 1919** to **Oct. 30 1943**  
that I last saw him alive on **Oct. 30 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**  
Duration

Due to **generalized arteriosclerosis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Wesley O. Bristow** (M. D. or other) **MD**

Address **Princeton Bldg. Princeton** Date signed **10/30/43**

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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. 3260

P. O. Address Princeton, 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.**