

Registration District No. 135

Primary Registration District No. 5496 4210

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Harrison Co.  
 (b) City or town Ridgeway, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO  
(Specify whether years, months or days)  
 In this community 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
 (c) City or town Rural - Grant Twp.  
(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 0

3. (a) PRINT FULL NAME Ezra Bridge

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower 2 divorced widower  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March 31, 1880  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 7 If less than one day hr. .... min.

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

10. Usual occupation farmer

11. Industry or business .....

MOTHER FATHER { 12. Name Johnthan Bridge

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

14. Maiden name Lloyd

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

16. (a) Informant Woodrow Bridge

(b) Address Ridgeway, Mo.

17. (a) Burial (b) Date thereof Nov 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lloyd

18. (a) Signature of funeral director Paul Marshall

(b) Address Princeton, Mo.

19. (a) 11/9/43 (b) L. E. Brewer  
(Date received) (local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7  
 year 1943 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from Part 5 yrs  
 19..... to Nov 7 1943;  
 that I last saw him alive on Nov 7 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy

Due to arteriosclerosis

Due to 9502

Other conditions 9502  
(Include pregnancy within 3 months of death)

Major findings: 9502

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 D. J. Sutt (M. D. or other) .....

Address Cameronville Mo. Date signed Nov 8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Paul Moss

Licensed Embalmer No.

2634

P. O. Address

Cemetery 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.**