

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10789

State File No. _____

Registration District No. 7194Primary Registration District No. 5319Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Otterville Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1 1/2 miles East of Clifton City, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community About 40 years
 years, months or days)

3. (a) PRINT
FULL NAMEMaria Griffin Bridges

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced widowed
 6. (b) Name of husband or wife Oliver T Bridges 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 14 - 71
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Smithton Pettis Mo 0
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William Griffin
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Hughes
 15. Birthplace Wales 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Oliver H Bridges(b) Address Otterville Mo17. (a) Burial (b) Date thereof 3-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Smithton Cem Smithton Mo18. (a) Signature of funeral director R. F. Newmyer(b) Address Smithton Mo19. (a) 25-48 Mrs. Robert
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12 1/2 East of Clifton City Mo
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 20
 19 44 to Mar 23 19 44
 that I last saw him alive on Mar 23 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo Phlebitis Duration 4 days

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 place of place)
(e) Means of injury _____23. Signature Robert (M. D. or other) 3/20
Address Otterville Mo Date signed 3-20-44

RECEIVED

District Health Officer No. 8,

File No. Number

4-6-44

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

A. F. Neumeyer

Licensed Embalmer No.

3912

P. O. Address

Smithton, Pa.

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.