

FILED MAY 18 1944

State File No. ....

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural ~~Port George~~ Blue Jay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Route Two, Independence, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 91 Years  
(Specify whether  
In this community 91 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town (Rural) Independence, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route Two, Independence, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? ( ) (Yes or No)  
If yes, name country ( )

3. (a) PRINT FULL NAME William Preston Bridges

3. (b) If veteran, None name war  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary L. Bridges  
6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased October 23, 1853  
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 14  
If less than one day hr. min.

9. Birthplace Jackson Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired Farmer

12. Name Janathan Bridges

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

14. Maiden name Smarie Lewis

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

16. (a) Informant John Bridges

(b) Address Route Two, Independence, Mo.

17. (a) Burial (b) Date thereof 4-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Six Mile Cem.

18. (a) Signature of funeral director George C. Cargon

(b) Address Independence, Missouri

19. (a) 4-8-1944 (b) Jamessess  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1944 hour 10 minute AM

21. I hereby certify that I attended the deceased from June  
1941 to April 1944  
that I last saw him alive on April 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia (Alat)  
Duration

Due to myocardial degeneration  
Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

(Specify type of place) While at work? (c) Means of injury

23. Signature J. W. Higgins (M. D. or other) MD  
Address Buckner Mo Date signed 3/18/44

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

4300

1165

**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. *4199*

P. O. Address *Independence,*

**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.**