

FILED JUL 8 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2607

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1216 - FOREST AVENUE  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether  
 In this community 14 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
 (c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1216 - FOREST AVENUE  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19<sup>TH</sup>  
 year 1944 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute pulmonary edema and  
bronchitis

Due to Hypertrophy of the heart

Other conditions 950  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See above

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? \_\_\_\_\_

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

23. Signature A. E. Walker M.D.  
 Address 23rd & Mc Cay Date signed 6/20/44

3. (a) PRINT FULL NAME MR. OLLEN CLARE BRIDGES, JR.

3. (b) If veteran, name war NO 3. (c) Social Security No. 497-14-1252

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. NELLIE KING BRIDGES 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: JUNE - 27 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace NEW HAVEN MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - TRAVELLING MAN

11. Industry or business MERR GLASS COMPANY

12. Name THOMAS BRIDGES

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

14. Maiden name DORA MCGAN

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

16. (a) Informant Mrs Nellie Bridges  
 (b) Address 1216 - FOREST AVENUE

17. (a) BURIAL (b) Date thereof JUNE-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director A. P. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-21-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

*H. C. Newcomer Jr.*

Licensed Embalmer No.

4043

P.O. Address

*H. C. Newcomer Jr.*

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.