

V. S. No. 2
DOM-8-43
Rev. 5-17-39
1 X37823

24660

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 600

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Beth Hospital
(If not in hospital or institution, write exact name and location)
(d) Length of stay: In hospital or institution 3 days (Specify whether 0)
In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Webster ¹¹²
(c) City or town Marshfield, Mo. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.T. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME DELMAR DEAN BRIGHT
3. (b) If veteran, name war None
3. (c) Social Security 568328585

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 18
year 1944 hour 7 AM minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Oct 13 1928
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13 1944 to July 18 1944
that I last saw him alive on July 17 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Cardiac decompensation 1 wk
Due to Rheumatic heart disease with mitral stenosis 1 yr.

9. Birthplace Marshfield, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation School

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Marchie Bright
13. Birthplace Green, Ark. Jawa
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. R. C. Bright
15. Birthplace Green, Ark. Jawa
(City, town, or county) (State or foreign country)

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? _____ (e) Means of injury _____

16. (a) Informant Marchie Bright
(b) Address Marshfield, Mo.
17. (a) Burial (b) Date thereof 7-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature St. P. Moadrup (M. D. or other) _____
Address Springfield, Mo. Date signed 7-19-44

(c) Place: burial or cremation Marshfield, Mo.
18. (a) Signature of funeral director Ray Ramsey
(b) Address Marshfield, Mo.
19. (a) 7-20-44 (b) W. N. Handley
(Date received local registrar) (Registrar's signature)

Physician _____
Underline the cause to which death should be charged statistically.

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

629

