

FILED FEB 11 1946

State File No. _____

Registration District No. 32

Primary Registration District No. 5114

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dallinger
(b) City or town Raymond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME CHARLES W. BRIDGES

3. (b) If veteran, 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 30, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Milford Edwin Bridges

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

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Island

(b) Address Sturdivant Mo.

17. (a) Burial (b) Date thereof Dec. 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox Chapel Cemetery

18. (a) Signature of funeral director Alvin H. Daulmbrecht

(b) Address Advance Mo.

19. (a) Jan. 12, 1946 (b) Alvin H. Daulmbrecht
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Raymond
(If outside city or town limits, write "RURAL")
(d) Street No. Near Sturdivant
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1945 hour 10 minute 408 A.M.

21. I hereby certify that I attended the deceased from _____, 1940, to Dec. 3, 1945
that I last saw him alive on Dec. 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial Pneumonia

Due to Senility + exposure

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 107

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)

(c) Means of injury 2

23. Signature E.C. Master (M. D. or other) Do

Address Advance, Mo. Date signed _____

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No. 246-1693
Date Filed 2-7-46

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.....

Clayton S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clayton S. Morgan*.....

Licensed Embalmer No. *2321*.....

P. O. Address *Advance, 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.