

No. 2
-2-43
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5444**

Registration District No. **141**

Primary Registration District No. **5551**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County **Howell**

(b) City or town **"Rural" Howell Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brandsville Route.
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution **No.**
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**

(c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. **Brandsville**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **IMOGENE 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 **infant**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 26, 1945**
(Month) (Day) (Year)

8. AGE: Years **--** Months **2** Days **5** If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Jess Thurman Bridges**

13. Birthplace **Koshkonong, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Velma Marie Johnson**

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

16. (a) Informant **Jess. T. Bridges,**

(b) Address **Brandsville, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 1, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bridges Cem. Oregon Co., Mo.**

18. (a) Signature of funeral director **Mayme C. Hornburgh**

(b) Address **West Plains, Mo.**

19. (a) **Feb. 5, 1946** (b) **Gladys Harrison**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **31,** year **1946** hour **3:** minute **A.** 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: **Congestion of the lungs, or broncho-pneumonia.**

Duration **less than day.**

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 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 **Coroner**

23. Signature **Mayme C. Hornburgh** (Specify type of office) **Coroner**

Address **West Plains, Mo.** Date signed **2/1/46**

RECEIVED

District Health Officer No. 8,

District File Number

246289

Date Filed

2.15.46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.