

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15533

State File No.

Registrar's No. 18

FILED MAY 14 1946

Primary Registration District No. 45-46

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Denver MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME MARY ELLEN BRIDGES

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex 7 / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 24 years (Day) (Year)
7. Birth date of deceased Aug 24 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 14 hr. min.

9. Birthplace Henderson Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name H M Young
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Anna Long
(b) Address Worth MO

17. (a) Burial (b) Date thereof Mar 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albiondale MO

18. (a) Signature of funeral director Bran Bros
Address Denver MO
April 10-46 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth 11/17
(c) City or town Denver MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1946 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 11 to March 7 1946
that I last saw him alive on March 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension / Kidney
Failure 4 day
Due to

Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 120
Of autopsy
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) (e) Means of injury 2
23. Signature Charles N. Williamson (M-D or other) MO
Address Denver MO Date signed 3-15-46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

J. P. Brann

Licensed Embalmer No. 2947

P. O. Address Denver, 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.