

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15714**  
Registrar's No. **127**

**FILED** JUN 7 1946  
Registration District No. **38**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:  
(a) County **Boone**  
(b) City or town **Columbia, Missouri**  
(c) Name of hospital or institution: **Ellis Fischel State Cancer Hospital**  
(d) Length of stay: **6 days**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Newton**  
(c) City or town **Joplin, Missouri**  
(d) Street No. **R # 4 Box 135**  
(e) Citizen of foreign country? **No**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bridges, Wm Riley**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Bertie Mae Bridges**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov 20 1866**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **24**  
year **1946** hour **5** minute **P.** M.  
21. I hereby certify that I attended the deceased from **May 18** 19**46**, to **May 24** 19**46**  
that I last saw him alive on **May 24** and that death occurred on the date and hour stated above.  
Immediate cause of death **Cardiac Failure.**  
Duration **6 hrs.**

8. AGE: Years **79** Months **5** Days **4** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Carcinoma of Rectum** **1 yrs.**  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Bridges, M. S.**  
13. Birthplace **Illinois**  
14. Maiden name **Martha Jane**  
15. Birthplace **Illinois**  
16. (a) Informant **Bertie Mae Bridges**  
(b) Address **Joplin, Missouri**  
17. (a) **Removal** (b) Date thereof **5-25-46**  
(c) Place: burial or cremation **Joplin, Mo.**  
18. (a) Signature of funeral director **C. O. Hill**  
(b) Address **Columbian, Mo.**  
19. (a) **5-28-46** (b) **Mrs R. E. Palmer**  
(Date received local registrar) (Registrar's signature)

Major findings: **Adenocarcinoma of Rectum.**  
Of operations \_\_\_\_\_  
Of autopsy **4/62**  
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? \_\_\_\_\_  
(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 **0**  
23. Signature **H. M. Wiley** (M. D. or other) \_\_\_\_\_  
Address **25, May 1946** Date signed \_\_\_\_\_

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**RECEIVED**  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-5-46

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**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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *L. A. Sprinkle*  
Licensed Embalmer No. 4013  
P. O. Address Columbia, 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.