

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19642
Registrar's No. 210

FILED JUL 9 1946

Registration District No. 7 Primary Registration District No. 3008

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

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Hulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 yrs mo 29 d
(Specify whether)

In this community same
years, months or days

3. (a) PRINT FULL NAME TILLIE BRIDGSEWATER

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex female 5. Color or race black

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased don't know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 5 - hr. - min.

9. Birthplace don't know 1
(City, town, or county) (State or foreign country)

10. Usual occupation house

11. Industry or business home

12. Name don't know 7

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

14. Maiden name Thelma Stevens

15. Birthplace don't know 1
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin Bridgewater

(b) Address Nelson mo

17. (a) Removal (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall mo

18. (a) Signature of funeral director Thelma Stevens

(b) Address Thelma, Mo

19. (a) 6-13-1946 (b) Jovie M. Moulton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from June 11
1946 to June 12 1946
that I last saw her alive on June 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
myocarditis
phlebotomous alba 2da
Due to -

Due to -

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

Major findings:
Of operations 93d

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) (e) Means of injury 1

23. Signature J.C. Caldwell M.D. (M.D. or other)
Address Hulton Mo State Date signed 6/12/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-9-46

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.

Signed *Geo. S. Green*

Licensed Embalmer No. 42320

P. O. Address Mass Hill, 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.