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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

299732
State File No.

FILED OCT 7 1946

Registration District No. 20 Primary Registration District No. 5444 Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Gentry - Athens Township
(b) City or town Albany Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gentry County Home 5
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 13
(c) City or town Rural
(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

3. (a) PRINT FULL NAME D. Gideon Bridges
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lybel Wilson Bridges
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 27 (Day) 1867 (Year)

8. AGE: Years 78 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Worth Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Lye Bridges
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Sarah Alder
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs R. S. Doane
(b) Address R.F.1 Rushville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-1946 (Month) (Day) (Year)
(c) Place burial or cremation City Cemetery St. Joseph Mo.
18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo
19. (a) Sept 20-1946 (Date received local registrar) (b) Homer M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 1946 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 16, 1946 to Sept 19 - 1946 that I last saw her alive on Sept 18 - 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Endocarditis	4 days
Due to Cancer of Prostate	6 mo.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. F. Pray (M. D. or other)
Address Albany Mo Date signed 9-20-46

103 (Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifford C. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.