

FILED NOV 6 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33126

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 93
(b) Township Lockwood Primary Registration District No. 4105 Registered No. 782
(c) City Lockwood (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Emily Jane Bridges St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 1 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. K. Bridges
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1861
7. AGE YEARS 84 MONTHS 10 DAYS 30 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jenston (STATE OR COUNTRY) Mo

13. NAME R. M. Peck

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Charlotta Davis

16. BIRTHPLACE (CITY OR TOWN) Carolina (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Bert Bridges
Lockwood, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lockwood DATE 1946

19. FUNERAL DIRECTOR (NAME) E. J. Caldwell (ADDRESS) Lockwood, Mo

20. FILED 11-12 1946 Reg. in W. W. W. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1946

22. I HEREBY CERTIFY, That I attended deceased from 9-2- 1946 to 10-31- 1946

I last saw her alive on 10-31- 1946. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset

Other contributory causes of importance:

Name of operation 947 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. D. Combs M. D.

(Address) Lockwood 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

~~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, above space should be left blank.