

FILED OCT 22 1946

Registration District No. 290Primary Registration District No. 4427Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Waynesville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Waynesville General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 6 hr. 37 min

3. (a) PRINT FULL NAME Richard Paul Brideman

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced S O
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased October 9 1946
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
6 hr. 37 min.

9. Birthplace Waynesville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Marion Paul Brideman
 13. Birthplace Arlington Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Violet Veda Patterson
 15. Birthplace Dixon (rural) Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Brideman(b) Address Arlington, Mo.17. (a) Removal (b) Date thereof 10-11-46
(Removal, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Cemetery18. (a) Signature of funeral director Fred R. Gilman(b) Address Dixon, Mo.19. (a) 10-15-46 (b) Louise B. McClatchey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
 (c) City or town Waynesville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 46 hour 12 minute 30 A.M.21. I hereby certify that I attended the deceased from Oct. 9
1946, to Oct. 10, 1946.that I last saw him alive on Oct 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac failureDue to prematurity

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

12. 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 _____

Signature Wm. J. Little (M. D. or other) _____Address Waynesville, Mo. Date signed 10/10/46

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.....

October 10 1946

....., Registered Apprentice No.

working under my personal supervision.

Signed... *Frederic M. Gilman*

Licensed Embalmer No. *2341*

P. O. Address... *Dixon 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.

Registration District No. *290*

Primary Registration District No. *4427*

Registrar's No. *87*

1. PLACE OF DEATH:

(a) County *Pulaski*
(b) City or town *Waynesville*
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME *Richard P. Bridgman*

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

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *s*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased *oct 9 1946*
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. *37* min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) *mo*

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) *10-15-46* (b) *Louise B. McClintock*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *mo* (b) County *Pulaski*
(c) City or town *Waynesville*
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) *mo*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year *1946* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

WHILE FATHER USE INFLUENCING DEATH

34452