S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35831

Registration District No. 337 Primary Registration District No. 6138 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Shelby County

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

(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 45 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samuel Preston Bright

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 Married

6. (b) Name of husband or wife Lydia Bright

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July (Month) 17 (Day) 1856 (Year)

8. AGE: Years 90 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Bright. 0
13. Birthplace Not Known (City, town, or county) Not Known (State or foreign country)

MOTHER
14. Maiden name Margaret Richardson
15. Birthplace Not Known (City, town, or county) Not Known (State or foreign country)

16. (a) Informant Mrs Lydia Bright
(b) Address Philadelphia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Concord Cemetary

18. (a) Signature of funeral director C.W. Musgrove
(b) Address Bethel, Missouri

19. (a) Oct 29-46 (Date received local registrar) (b) Ruth Jaynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June, 1946, to July, 1946, that I last saw him alive on July 28, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cancer on left side of face	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 3	
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 2

23. Signature Dr Howard H Dutton (M. D. or other) DC

Address Bethel Mo. Date signed Oct 29

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1928
Filed OCT 23 1946

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 C. W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.