

FILED FEB 13 1947

Registration District No. 17

Primary Registration District No. 5551

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Brandsville
(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 No (Specify whether)

In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

(d) Street No. None (If rural, give location)

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

3. (a) PRINT FULL NAME Jesse Thurman Bridges Sr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 27, year 1947 hour 8: minute P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Day Bridges 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 15, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/23, 1946 to 1/27, 1947, that I last saw him alive on 1/8, 1947, and that death occurred on the date and hour stated above.

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

58 4 12 _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage
Arterio Sclerosis
Hypertension Mellitus

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas G. Bridges

13. Birthplace Mt. Vernon, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Louisa West

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Stella D. Bridges

(b) Address Brandsville, Mo.

17. (a) Bridges CEM. (b) Date thereof Jan. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Co., Mo.

18. (a) Signature of funeral director Hal Thombrough

(b) Address West Plains, Mo.

19. (a) Jan 31 - 1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

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 Walter J. Cook (Seal of Registrar)
Address West Plains, Missouri Date signed _____

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

20-50-47

RECEIVED

District 1

District File No. 24770

Date Filed 2/10/47

Office No. 5,

FEB 21 1947

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.....

S. L. Duncan

Registered Apprentice No. 390

working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address 1224 Plains 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.