

FILED FEB 28, 1947

Registration District No. 12

Primary Registration District No. 2000

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 E. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Homer R. Bridges

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margarete Bridges 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. 4 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Lipscomb Grain & Feed Co.

11. Industry or business Lipscomb Grain & Feed Co.

12. Name Stephen B. Bridges

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

14. Maiden name Julia Donnell

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

16. (a) Informant Mrs. Homer R. Bridges

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 2/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.
19. (a) 2-11-47 (b) W. H. Hamblin, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 305 E. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 8 minute 30p. M.

21. I hereby certify that I attended the deceased from 2-13-1946 to 2-8-1947
that I last saw him alive on 2-6-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Occlusion

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 94A
Of autopsy none

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) Means of injury 0
23. Signature E. H. Lohmeyer (M. D. or other)
Address Springfield, Mo. Date signed 2-10-47

Duration

few hrs
2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 20 1947

MAY 22 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.