

FILED MAR 13 1947

Registration District No. **326**

Primary Registration District No. **4482**

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

1. PLACE OF DEATH:

(a) County **SCOTLAND**  
(b) City or town **MEMPHIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **49 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CHARLES WILLIAM BRIDGEWATER**

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 **M**

6. (b) Name of husband or wife **LILLIAN BRIDGEWATER** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **DEC 15 1860**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **11** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **BIRMINGHAM ENG 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **BRICK MASON**

11. Industry or business \_\_\_\_\_

12. Name **WILLIAM BRIDGEWATER**

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

14. Maiden name **SARAH J. DRINKWATER**

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

16. (a) Informant **Mabel L. Card**

(b) Address **Columbia Mo**

17. (a) **BURIAL** (b) Date thereof **JAN 28 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMPHIS CEMETERY**

18. (a) Signature of funeral director **W. W. Barnes**

(b) Address **Memphis Mo**

19. (a) **Feb 15 1947** (b) **Mrs. E. E. Cannon**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **SCOTLAND**  
(c) City or town **MEMPHIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_

(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **26**  
year **1947** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **1-23-1947** to **1-26-1947**

that I last saw him alive on **1-23-1947**

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Valvular Disease of Heart**

**(Mitral)**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Bronchial asthma**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

Signature **E. E. Cannon** (M. D. or other) \_\_\_\_\_

Address **Memphis Mo** Date signed **2-10-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 10  
District File Number 2-42-419  
MAR-11-1947

**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 Neal Payne  
Licensed Embalmer No. 2550  
P. O. Address Memphis, Tenn

**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.**