. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8778

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 65

1. PLACE OF DEATH:
(a) County HENRY.
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WETZEL Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days. (Specify whether
In this community (years, months or days) 14 years IN CASS COUNTY.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Rural Garden City
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles East of Archie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ann Izabell Bridges
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Thomas Bridges
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased (Month) Sept. (Day) 12, (Year) 1947
8. AGE: Years 51 Months 6 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace Jasper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Fountain B. Dunning
13. Birthplace Jasper Co. (City, town, or county) Mo. (State or foreign country)
FATHER
14. Maiden name Minnie O. Dell Kay
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John T. Bridges
(b) Address Garden City Mo.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation ?
18. (a) Signature of funeral director [illegible]
(b) Address Harrisonville Mo.
19. (a) 3-21-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21 year 1947 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 6, 1947 to Mar. 21, 1947 that I last saw h alive on Mar. 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Acute Nephritis	
Due to Burns 3rd degree	
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) accident.
(b) Date of occurrence 3/6
(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 ?
23. Signature [illegible] (M. D. or other) MD
Address Clinton Date signed Mar 21/47

120 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-V7-318
Date Filed 3-25-47

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, ~~under~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.