

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 6 1948

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

4389

Do not use this space.

## 1. PLACE OF DEATH

(a) County State Registration District No. 93  
 (b) Township Lackwood Primary Registration District No. 5334  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Mo</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Getta S. Bridges</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 - 1894</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>6</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vinita Okla</u>		
FATHER		
13. NAME <u>James B. Bridges</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
MOTHER		
15. MAIDEN NAME <u>Emma Jane Peck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prenon Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs Getta Bridges</u> <u>Lackwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lackwood Mo</u> <u>Feb 15</u> 1948		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. Ray Caldwell</u> <u>Lackwood Mo</u>		
20. FILED <u>2-16</u> 19 <u>48</u> <u>Geo. L. Wier</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 12 - 1948</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>6-2-</u> 19 <u>47</u> to <u>2-10-</u> 19 <u>48</u> I last saw him alive on <u>2-10-</u> 19 <u>48</u> . Death is said to have occurred on the date stated above, at <u>7:10 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Coro-Vascular Disease</u> Date of onset <u>Not Known</u>
Other contributory causes of importance: <u>0132</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. D. Gombos</u> , M. D. (Address) <u>Lackwood Mo</u>

RECEIVED

District Health Officer No. 6,

District File Number 348-273

Date Filed MAR 4 1948

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, and

George Newcomb  
working under my personal supervision.

Registered Apprentice No. 30

Signed

Ray Caldwell  
Licensed Embalmer No. 3380

P. O. Address Lockwood, 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, above space should be left blank.