

FILED JUN 16 1948

State File No.

Registration District No. 73

Primary Registration District No. 5845

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural-----Sack
(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 _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard Elmer Bridges

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

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Hattie Bridges
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 4 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Lawson Bridges
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna White
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. B. Bridges
(b) Address 1850 Park Place Wichita Kans.

17. (a) Burial (b) Date thereof 4 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fullington Cemetery

18. (a) Signature of funeral director Church, Hiale
(b) Address Stockton, Mo.

19. (a) 5-22-48 (b) Geo. H. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Rural-----Sack
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 2. 11. 48, 19____, to 3. 6. 48, 19____;
that I last saw him alive on 3. 6. 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left jaw mouth.
Due to Carcinoma of lip mouth
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 436

22. If death was due to external causes, fill in the following:

(c) 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 W. M. B. Bridges M.D. (M. D. or other)
Address Stockton Mo. Date signed 4. 8. 48

RECEIVED
District Health Officer No. 6,
District File Number 648-661
Date Filed JUN 15 1949

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.