

FILED AUG 24 1948

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Registration District No. 46

Primary Registration District No. 4063

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
In this community 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(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 _____

3. (a) PRINT FULL NAME John L. Bridgford
James Bridgford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Ann Bridgford 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 27 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 2 If less than one day XX hr. XX min.

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

10. Usual occupation Construction worker

11. Industry or business XXXX

12. Name James Bridgford

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

14. Maiden name Un known

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

16. (a) Informant James W. Bridgford

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof Aug. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.

19. (a) Aug. 1, 1948 (b) Thomas Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th.
year 1948 hour 6 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 29 to July 29, 1948
that I last saw him alive on July 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration _____

Due to _____
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) _____
(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 Arthur J. [unclear] (Physician)
Address Hamilton, Mo. Date signed Aug 1, 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

R. Lester Bran

Licensed Embalmer No. 4472

P. O. Address..... HAMILTON, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.