

National Office of Vital Statistics  
FILED SEP 2 1948  
Registration District No. 2777

Primary Registration District No. 5949 4411

Registrar's No. 44

## 1. PLACE OF DEATH:

- (a) County... Pike  
 (b) City or town... Bowling Green Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (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

MILKIE JANE BRIDWELL  
 3. (b) If veteran, name war..... T  
 3. (c) Social Security No. none

4. Sex... Female 5. Color or race... white  
 6. (a) Single, married, widowed, divorced, or separated  
 (b) Name of husband or wife... Ruthie J. Bridwell (c) Age of husband or wife if alive... 79 years  
 7. Birth date of deceased... Nov. 25 1947  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 9 3 hr. min.

9. Birthplace... Pike Co Mo. U  
 (City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business.....

12. Name... James S. McMullin

13. Birthplace... Pike Co Mo. U  
 (City, town, or county) (State or foreign country)

14. Maiden name... Miss Crow

15. Birthplace... Bent Linn Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant... J. Bridwell

(b) Address... Bowling Green Mo

17. (a) Burial (b) Date thereof... 8-29-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... New Harmony Mo

18. (a) Signature of funeral director... Grace T. Fisher

(b) Address... Bowling Green Mo

19. (a) 8/29/48 (b) J. Bridwell  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State... Mo (b) County... Pike  
 (c) City or town... Rural near Bowling Green  
 (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... 8 day... 28  
 year... 1948 hour... 3 minute... 9 M.

21. I hereby certify that I attended the deceased from 1940  
8/3/48, 19....., to 8-28-48, 19.....;  
 that I last saw her alive on 8-20-48, 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death... Cause as snuffing  
 Duration

Due to.....

Due to.....

Other conditions... Fracture Hip  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations... 186 U

Of autopsy... 186 U

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?..... 82  
 (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... J. McMullin (M., D. or other)

Address... Bowling Green Mo Date signed... 8/29/48

PHYSICIAN  
 ADDITIONAL  
 SUPPLEMENTARY  
 INFORMATION  
 REQUESTED  
 Underline  
 which death  
 should be  
 charged sta-  
 tistically.

RECEIVED

District Health Officer No. 10

District File Number 9-48-15

Date Filed SEP 1 - 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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Harold C. K. [Signature]*

Licensed Embalmer No. 45-97

P. O. Address *Bowling Green*

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.