No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27429

FILED AUG 25 1948

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 266

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington
(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 .....

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3. (a) PRINT FULL NAME Reginald. Bridges

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug. (Month) 16 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 30 min.

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

10. Usual occupation None

11. Industry or business —

FATHER
12. Name Jas M Bridges
13. Birthplace Farmington (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Beatrice J. Smith
15. Birthplace Frederick Town (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jas Bridges
(b) Address Farmington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Colored Masonic Cem. Farmington, Mo.

18. (a) Signature of funeral director C H Cozean
(b) Address Farmington Mo

19. (a) 8-20-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1948 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 16, 1948, to Aug 17, 1948
that I last saw him alive on Aug 16, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
heart (6½ month)
Indiana of twin

Due to Do not know

Due to .....

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

Major findings:
Of operations .....
Of autopsy no

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature L. W. Stanfield (M. D. or other) 2.00

Address Farmington Mo. Date signed 8/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 848-1069

8-24-48

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.