No. 300
-10-47
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30777

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 319

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 LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS 94

(c) City or town FARMINGTON 7
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME REGINA BRIDGES.

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife ____

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

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

8. AGE: Years | Months 1 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace FARMINGTON (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business ____

FATHER
12. Name JAMES BRIDGES
13. Birthplace FARMINGTON, MO. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BEATRICE IRENE SMITH
15. Birthplace FREDERICKTOWN MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant JAMES BRIDGES.
(b) Address FARMINGTON MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation COLORED CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address Farmington Mo

19. (a) 10-8-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1948 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Aug 16, 1948, to Oct 7, 1948; that I last saw her alive on Oct 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage on lower bowel.	
Due to Premature birth. Born at 6½ months weighed 2 lbs.	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations ____	
Of autopsy no	

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury 2

23. Signature L. M. Stanfield (M. D. or other) [signature]

Address Farmington Mo Date signed 10/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1048-12

Date Filed 10-11-48

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 Crozier

Licensed Embalmer No. 4084

P. O. Address Farmington Mo

not embalmed.

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.