DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1948

Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32724

Primary Registration District No. 0225

Registrar's No. 95

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

1. PLACE OF DEATH:

(a) County: Missouri

(b) City or town: Oregon
(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 years, months or days)

In this community: 48 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt

(c) City or town: Oregon
(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: Richard Beldon Bridgeman

3. (b) If veteran, name war: None

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mattie G. Bridgeman

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: December (Month) 24 (Day) 1875 (Year)

8. AGE: Years 72 | Months 10 | Days 0 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Attorney-At-Law

11. Industry or business:

FATHER
12. Name: James Franklin Bridgeman
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary E Catron
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mattie G. Bridgeman
(b) Address: Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oregon, Missouri

18. (a) Signature of funeral director: James H. Pettijohn
(b) Address: Oregon Mo.

19. (a) Oct 27 (Date received local registrar) (b) J. Chaney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1948 hour 9 30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 24 1948 to Oct 24 1948 that I last saw him alive on Oct 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: G. F. Kearney (M. D. or other)

Address: Oregon Mo Date signed 10/25/48

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1959

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 James W Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.