

S. No. 2  
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5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6325

FILED MAR 16 1942

State File No. \_\_\_\_\_

Registration District No. 201

Primary Registration District No. 3012

Registrar's No. 12

24  
2  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town LIBERTY (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) all of life

3. (a) PRINT FULL NAME ANNIS BRIGHT

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

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

4. Sex M 3. Color or race Col

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

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

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

7. Birth date of deceased Mar 1867

8. AGE: Years 74 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace clay co. mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mat Sallie mo.

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

14. Maiden name Eliza Blue

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

16. (a) Informant Ross Bright

(b) Address Liberty Mo.

17. (a) Burial (b) Date thereof Feb. 8, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director James A. Blumel

(b) Address 111 N. Main, Liberty, Mo.

19. (a) 2-7-42 (b) Melen Early (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Clay 24

(c) City or town Liberty (If outside city or town limits, write "RURAL") a

(d) Street No. 444 N. Monroe (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1942 hour 7:30 minute 9 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Coronary 94a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Coronary

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) Coronary Occlusion

(b) Date of occurrence 2-6-42 1942

(c) Where did injury occur? 444 N. Monroe Liberty Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature R. W. Tracher (M. D. or other) Coroner

Address Effingham Springs Mo. Date signed 2-6-42

RECEIVED

District Health Officer No. 8

Case File Number

Date Filed

3-13-42

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 Sam D. Plusch

Licensed Embalmer No. 3286

P. O. Address.....

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.