

FILED APR 14 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 E. Shanklin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 501 E. Shanklin Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1942 hour 8 minute 25 P. M.
21. I hereby certify that I attended the deceased from 8-3-41
1941 to 3-29 1942
that I last saw him alive on 3-25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
mouth

Duration

2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature William B. Atwood (M. D. or other) _____
Address Carrollton, Mo Date signed 3/2/42

3. (a) PRINT FULL NAME Peter Austin Bridges

3. (b) If veteran, _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 5. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Freda Wagner 5. (b) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. 29 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name John Bridges

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

14. Maiden name Jane Hubbard

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

16. (a) Informant Mrs Peter Bridges

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 3-31-1942 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

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

1003

RECEIVED

Health Officer No. 8,

File Number

ed

4-13-42

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

Ben W Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton 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.