

3-40
7-39
X23159

Registration District No. 1399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution: 3231 Prospect 2
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 Years
years, months or days

3. (a) PRINT FULL NAME Martha A. Bruce 620

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased December 17 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 8 7 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Davidson _____

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

14. Maiden name Rebecca Morgan

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

16. (a) Informant Pearl Stahl

(b) Address 3346 Highland

17. (a) Burial (b) Date thereof Aug 27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Ms C L Foster

(b) Address 918 Broadway R.E. ms

19. (a) AUG. 26, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson

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

(d) Street No. 3144 Campbell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1940 hour II minute 15 AM.

21. I hereby certify that I attended the deceased from June 11th
_____ 1940 to Aug. 24 1940
that I last saw h. _____ alive on Aug 21st 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus and adnexia

Due to _____

Due to 48

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury i

23. Signature Chas F Clark M.D. (M. D. or other)

Address 223 Argyle Bldg Date signed 8-24-40

original 1309

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.....

David C. Browning

Licensed Embalmer No.....

2724

P. O. Address.....

Jr. C. 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.