

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4509

Registration District No. 821

Primary Registration District No. 4533

Registrar's No.

1. PLACE OF DEATH:

(a) County. 8 Scott
(b) City or town. Sikeston,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. --
(Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston, 5-
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- 0 years.

8. (a) PRINT FULL NAME Jo Ann Bruce

8. (b) If veteran, name war. -- 8. (c) Social Security No. --

4. Sex F 6. Color or race W 6. (a) Single, widowed, married, divorced 0 --

6. (b) Name of husband or wife. -- 6. (c) Age of husband or wife if alive. -- years

7. Birth date of deceased. 12 31 1940
(Month) (Day) (Year)

8. AGE: Years -- Months -- Days 14 If less than one day
hr. -- min. --

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

10. Usual occupation. --

11. Industry or business. --

12. Name Buford Bruce

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

14. Maiden name Grace Tyler

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

16. (a) Informant Vada Bruce

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 1 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cemetery

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston, Missouri

19. (a) 2-3-1941 (b) SWP Russell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 1941 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from 1-14-1941 to 1-14-1941
that I last saw HER alive on 1-14-1941
and that death occurred on the date and hour stated above.

Immediate cause of death
The cause was influenza
Due to --

Due to --
Other conditions
(Include pregnancy within 3 months of death) 3 10

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence 1-14-1941
(c) Where did injury occur? 717
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 717 (Specify type of place) (e) Means of injury

23. Signature W. H. Russell M. D. or other 0
Address Sikeston Date signed 1-14-1941

Duration

2 weeks
3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 241-237

Date Filed 2/11/41

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.....

Licensed Embalmer No.....

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, above space should be left blank.