

V. S. No. 2
M-11-10-39
rev. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14016

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours
(Specify whether years, months or days)

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler / 2

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 516 South 5th st 3
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Joseph S Bruce

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Jan 1 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>43</u>	<u>1</u>	hr. _____ min.

9. Birthplace Ballard Co. 1 Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Drunk Street Car conductor

11. Industry or business _____

12. Name Samuel B Bruce

13. Birthplace Bandana 1 Ky
(City, town, or county) (State or foreign country)

14. Maiden name Frances Everts

15. Birthplace Bandana 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Bruce

(b) Address Belleville Mich

17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 4/5/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1941 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from 4-1-
1941 to 4-2- 1941
that I last saw him alive on 4-1- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 5-6 hrs.

Due to Hypertension and
Arteriosclerosis

Other conditions 14 1/2
(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) (e) Means of injury _____

23. Signature C. Porter (M. D. or other) (M.D.)

Address Poplar Bluff Mo Date signed 4-2-41

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

1273

LS

RECEIVED

District Health Officer No. 2,

District File Number 541-608

Date Filed 7/12/31

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

Chas W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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, above space should be left blank.