

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22080

Do not use this space.

1. PLACE OF DEATH

(a) County FRINN Registration District No. 496
(b) Township Brownfield Primary Registration District No. 30255 Registered No. 50
(c) City Brownfield (d) Street No. St. Mary Hospital 906 N. Main St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FERN LOUISE BRUCE

(a) Residence, No. TRIPLETT MO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tripletts Mo13. NAME Desney Bruce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Mo15. MAIDEN NAME Mildred Batye16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maduille Mo17. INFORMANT (ADDRESS) Desney Bruce
Tripletts Mo18. BURIAL, CREMATION, OR REMOVAL PLACE M. S. Cullough DATE June 6 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) D. J. Shepard
Mendon Mo20. FILED 6-5-41 19 June 4 1941
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 194122. I HEREBY CERTIFY That I attended deceased from May 24 1941 to June 4 1941

I last saw him alive on June 4 1941. Death is said to have occurred on the date stated above, at 9:57 a.m.
The principal cause of death and related causes of importance were as follows:

Sepsis
12/11
Date of onset 4 da

Other contributory causes of importance: Fractured tibia of 13 da
distal extremity, & abrasion
formationName of operation Drain clean Date of 6-15-41What test confirmed diagnosis? Ch. & Z. St. Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1941Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury 0
Nature of injury 024. Was disease or injury in any way related to occupation of deceased? NoIf so, specify 0
(Signed) Dr. J. M. H. H. H., M. D.
(Address) Brownfield, Mo.

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.....

D. S. Shepard

Licensed Embalmer No.....

3970

P. O. Address.....

Mendon Me

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.