

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5230

State File No. \_\_\_\_\_

FILED MAR 1942 99  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 088

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo.  
(c) Name of hospital or institution 3004 Grand Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 3 Months. (Specify whether years, months or days)

3. (a) PRINT FULLNAME Theodore A. BRUCH.  
3. (b) If veteran, name war None 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 Rosa Bruch. 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased May 20th, 1859. (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Germany (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Daniel Bruch.  
(b) Address Holden Missouri.

17. (a) Burial (b) Date thereof 2-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Johns Holden Mo

18. (a) Signature of funeral director Melody McGilley  
(b) Address Kansas City Missouri

19. (a) 2/18/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 51  
(c) City or town Holden Missouri (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 Yrs.! years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from February 17, 1942 to February 17, 1942 that I last saw him alive on February 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Phlebotomy

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Harold A. Bellott (M. D. or other) M. D.  
Address 1132 Professional Bldg Date signed 2/18/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECORDED / INDEXED / FILED

K.C. Shaw

D. N. Harold  
1132 Prof. Bldg  
Fallett

**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, fact should be so stated above.**