V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9502

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1312

48
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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: General Hospital #2 O.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few hrs. (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")

(d) Street No. 1612 E. 10th St 3
(If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES BRUCE

3. (b) If veteran, name war World War I

3. (c) Social Security No. 496-09-9814

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) - 25 (Day) - 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	5	3	hr. min.

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

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Emel Bruce
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Alice Ewing
15. Birthplace Dalton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Vitula Bruce

(b) Address 1612 E. 10th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) - 4 (Day) - 1942 (Year)

(c) Place: burial or cremation Wadsworth, Kan

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St

19. (a) 4-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 3-28-42
year hour minute 15 M.

21. I hereby certify that I attended the deceased from 11 15 a
19 to 19
that I last saw alive on 19
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Fatal external hemorrhage

Due to Rupture of aneurysm of arch

Due to of aorta eroding into trachea

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy 30d

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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

AUG 20 1942

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 E. Sterling Bills

Licensed Embalmer No. 317 Examiner

P. O. Address K. 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.