S. No. 2
M—9-4-41
7. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20187

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2632

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-26-42-7-5-42 (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, (If outside city or town limits, write "RURAL")
(d) Street No.: 1512 E. 21st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: TRUMAN BRUCE
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: inf
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 28 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: inf
11. Industry or business:
MOTHER FATHER
12. Name: Truman Bruce
13. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Corrine Hobson
15. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul. 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn Cemetery
18. (a) Signature of funeral director: Nathan Mitchell
(b) Address: 1520 N. 5th St.
19. (a) 7-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1942 hour 7 minute 35 p. M.
21. I hereby certify that I attended the deceased from June 26, 1942 to July 5, 1942 that I last saw him alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Dehydration	
Due to: Congenital Pyloric Stenosis (post-operative)	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 157g	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: G. C. Simpson (M. D. or other)
Address: Gen. Hosp. #2-600 E. 22 Date signed 7-7-42

341 (Licensed Embalmer's Statement on Reverse Side)

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 Nathan M. Thatcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St

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.