

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24062**
Registrar's No. _____

FILED AUG 12 1942

Registration District No. **169** Primary Registration District No. **4099**

1. PLACE OF DEATH

(a) County **Chariton**
(b) City or town **Dalton Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **NATHANIEL C. BRUCE**

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Don't know**
(Month) (Day) (Year)

8. AGE: Years **about 84** Months **-** Days **-** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Teacher**

11. Industry or business _____

MOTHER FATHER { 12. Name **Don't know**

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Kester**

(b) Address **Dalton Mo**

17. (a) **Burial** (b) Date thereof **July 2, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dalton**

18. (a) Signature of funeral director **W. L. Barnett**

(b) Address **Kentwood**

19. (a) **July 2, 1942** (b) **L. L. Gress**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Chariton** **21**

(c) City or town **Dalton** **11**
(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.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th**
year **1942** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **June** 19__ to **June** 19__;
that I last saw him alive on **June** 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy (Stroke) (Hemiplegia)**

Due to **Arteriosclerosis**
Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

Duration
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 **Harry E. Statum** (M. D. or other)
Address **Briggswick Mo** Date signed **June 28, 1942**

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

21

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-11-42

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, ~~and~~, Registered Apprentice No.
working under my personal supervision.

Signed

H. D. Garnett

Licensed Embalmer No. 2046

P. O. Address Highway 100

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.