

FILED NOV 10 1942

State File No.

Registration District No.

Primary Registration District No. ~~303~~ 5551

Registrar's No. 113

46
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Haskell Twp

(b) City or town Olden, mo

(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 6 months (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Haskell

(c) City or town Olden, mo

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Shos. Oliver Brucey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28th

year 42 hour _____ minute 40 M.

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife Lena Brucey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 31 1883

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sent. 1 19 42 Sent. 28 19 42;

that I last saw him alive on Sent. 27 19 42;

and that death occurred on the date and hour stated above.

8. AGE: 59 Years 7 Months 21 Days

If less than one day _____ hr. _____ min.

Immediate cause of death Uremic Poisoning

Due to Nephritis, chronic.

Duration 1 month

9. Birthplace Haskell Co., mo

(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Due to _____

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

Major findings: 1218

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Samuel Brucey

13. Birthplace Haskell Co., mo

(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Matherly

15. Birthplace Haskell Co., mo

(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. O. Brucey

(b) Address Olden mo

17. (a) _____ (b) Date thereof 9-28-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director Robert M. ...

(b) Address West Plains mo

19. (a) 10-30-42 (b) all parties

(Date received local registrar) (Registrar's signature)

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 W. H. ... (M. D. or other) M. D.

Address West Plains, Mo. Date signed 10/28/42

1120

Hamburg

RECEIVED

District Health Officer No. 5,

District File Number 1142967

Date Filed 10-9-42

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, 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.