S. No. 2
—11-10-39
. 5-17-39
P-I X21492

55
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34149

State File No.

Registration District No. 469 176 Primary Registration District No. 563-0-5654 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller Mo. R.R.#2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lincoln Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) —

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Miller Mo. R.R.
(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.? — years. 0

55

3. (a) PRINT FULL NAME Perry A. Bruton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Clara Bruton

6. (c) Age of ~~husband or~~ wife if alive 64 years

7. Birth date of deceased 9 (Month) - 27 (Day) - 1867 (Year)

8. AGE: Years 74 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James A. Bruton
13. Birthplace Henry Co. (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Betty Ann Vanderon
15. Birthplace Mt. Pleasant (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Clara Bruton

(b) Address Miller Mo. R.R.#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ross

18. (a) Signature of funeral director Morris-Lemon

(b) Address Miller Mo.

19. (a) Oct 10/42 (Date received local registrar) (b) Amos Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-1, 1942, to 8-19, 1942, that I last saw him alive on 8-4, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
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 W. S. Burney (M. D. or other)

Address Miller Date signed 8-19

(Licensed Embalmer's Statement on Reverse Side)

4/2

RECEIVED
District Health Officer No. 6
District File Number 1142-1541
Date Filed NOV 5 1942

MAR 2 1945

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. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Millin Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.