. S. No. 2
—11-10-30
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

Registration District No. 64

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36874

Primary Registration District No. 5743

Registrar's No. 75

21
0
0

1. PLACE OF DEATH:
(a) County: CHARITON
(b) City or town: Charity Twp. RURAL
(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 years, months or days)
In this community: 87-11-29

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton
(c) City or town: Charity Tsp. Rural
(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.

21
0
0

3. (a) PRINT FULL NAME: HENRY B. BRUCKS
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: Widowed
6. (b) Name of husband or wife: Mary Bettinghaus
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: NOV (Month) 24 (Day) 1854 (Year)

8. AGE: Years 87, Months 11, Days 29, If less than one day ____ hr. ____ min.

9. Birthplace: Warren County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARM
MOTHER FATHER
12. Name: Bernard Baucks
13. Birthplace: Germany (City, town, or country) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or country) (State or foreign country)
16. (a) Informant: Joe Brucks
(b) Address: Dalton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV. 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Ahalt Missouri
18. (a) Signature of funeral director: Walker
(b) Address: Glasgow Mo.
19. (a) 11/27/42 (Date received local registrar) (b) R. Gluhm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23 year 1942 hour 15 minute A. M.
21. I hereby certify that I attended the deceased from 11-1, 1942 to 11-22, 1942 that I last saw him alive on NOV-21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Burn of legs — Duration
Due to: Tamponing over massive clotted scalp flap
Due to: 1
Other conditions (Include pregnancy within 3 months of death): 1
Major findings: Of operations: 1
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): Accident
(b) Date of occurrence: 11/21/42
(c) Where did injury occur? house (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? Means of injury
23. Signature: W. B. Hutchison (M. D. or other)
Address: Glasgow Date signed: 11/27/42

1023 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1242-2
Date Filed 15-11-42

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, or by J. Walker Audsley, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, above space should be left blank.