

FILED DEC 7 1942

Registration District No.

Primary Registration Dis

No. 3019

168

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

1. PLACE OF DEATH:

(a) County Dunklin Mo
(b) City or town Sumner Mo
(c) Name of hospital or institution:
Presnell D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Martha Ann Bruce

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased November 14, 1942
(Month) (Day) (Year)

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

9. Birthplace Sumner Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Jim R. Bruce

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

14. Maiden name Anna Martin

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

16. (a) Informant Mrs. J. Bruce

(b) Address Rt. 1 Sumner, Mo

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

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Ballou

(b) Address Sumner Mo

19. (a) 11-18-42 (b) Julia Blankinship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Sumner Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 702 1st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 14, 1942, to Nov 15, 1942
that I last saw her alive on Nov 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth - (6th Month)

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Paul Ballou (M. D. or other) MD
Address Sumner Mo Date signed 11-18-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Dist. Health Office No. 2,

Dist. File Number 1242-150.2

Date Filed 12-5-42

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 [Signature]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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, fact should be so stated above.