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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 13 1943

Registration District No. 3

Primary Registration District No. 3006-5-20

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
606 S. Williams St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 606 S. Williams  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME FRED DAVID BRUTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian

7. Birth date of deceased 3 - 11 - 1886

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>11</u>	hr. min.

9. Birthplace Guthrie Missouri

10. Usual occupation Stephens College Representative

11. Industry or business

12. Name W.J. Bruton

13. Birthplace Virginia

14. Maiden name Nannie Hawkins

15. Birthplace Missouri

16. (a) Informant Mrs. Fred D. Bruton

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-27-43

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 1-27-43 (b) Eolna H Barber

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1943 hour 9:30 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 28 1943 to Jan 25 1943 that I last saw him alive on Jan 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 3 days

Due to Chronic interstitial nephritis 4 yrs

Due to Essential arterial hypertension?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a 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?.....

While at work? (Specify type of place) (c) Means of injury 0

23. Signature E. S. Paul (M. D. or other) MD Address Columbia Date signed 1/27/43

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

024

**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. *H. B. [unclear]*

P. O. Address *[unclear]*

**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.**