

FILED JUN 15 1943

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Butler
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7
(c) City or town Butler (If outside city or town limits, write "RURAL") 1
(d) Street No..... (If rural, give location) 1
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pleasant Alfred Bruce

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased August 3 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 9 1 hr. min.

9. Birthplace Pleasant Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Not Known Bruce
13. Birthplace (City, town, or county) (State or foreign country)

{ 14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Landford
(b) Address Butler Mo

17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo

19. (a) May 6, 1943 (b) Pauline Hampton
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1943 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1939 19 to May 4 1943 19 that I last saw him alive on May 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pneumonia

Due to Chronic nephritis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations..... Of autopsy.....

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 0

23. Signature L. O. Le... M.D. (M. D. or other)
Address Butler Mo Date signed 5-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1506

RECEIVED
District Health Officer (No. 7)
District File Number 3/43/498
Date Filed 6/18/43

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 *A. E. Culshaw*
Licensed Embalmer No. *2576*
P. O. Address *Bucke 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.