

FILED SEP 10 1944

State File No.

Registration District No. 65

Primary Registration District No. 4113

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Syrena Bruce

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

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

6. (b) Name of husband or wife William Bruce 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Clay Evans

13. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ann Morehead

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

16. (a) Informant William Bruce

(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof Aug 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director John H. Meyer

(b) Address Brunswick Mo

19. (a) 8-21-1944 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1944 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 28,
1944, to Aug 28, 1944,
that I last saw her alive on Aug 28, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 830

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 28

Address Brunswick Mo Date signed 8/27/44

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

21
1
0

RECEIVED

3112-
State Health Dept. No. _____
File Number _____
Date Recd. 9-9-47

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 J.P.M. Crary
Licensed Embalmer No. 3152
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, fact should be so stated above.