

FILED NOV 10 1944

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:
Latham Sanitarium 1 week
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week 0
(Specify whether)

In this community 1 week
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town New Bloomfield 0
(If outside city or town limits, write "RURAL.")

(d) Street No. 3 mi. northeast
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME George Francis Bruto

(b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1944 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1
1944 to Oct 12 1944

that I last saw him alive on Oct 12 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Feb. 16 1873
(Month) (Day) (Year)

Immediate cause of death Coronary heart disease 14

8. AGE: Years 71 Months 7 Days 26 If less than one day hr. min.

Due to Arterio Sclerosis

Due to Not known

9. Birthplace Cal County Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94d

10. Usual occupation Farmer

11. Industry or business

12. Name Antone Bruto

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

14. Maiden name Mary L. Imbery

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

16. (a) Informant Mrs. Nora Bruto

(b) Address New Bloomfield, Mo

17. (a) Burial (b) Date thereof Oct 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Maurice

18. (a) Signature of funeral director James Sevin

(b) Address 200 Jefferson St. Mo

19. (a) Oct 12 - 44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

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

23. Signature L. L. Latham (M. D. or other)

Address California Mo Date signed 10-12-44

1312

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

JUN 2 1945

RECEIVED

District Health Officer No. 9.

District File Number _____

Date Filed 11-9-44

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. 3641

P. O. Address [Signature]

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.