S. No. 2	DEPARTMENT OF COMMERCE THE STATE BOARD OF F	HEALTH OF MISSOURI	
5-17-39	FILED FEB 15 1946 STANDARD CERTIFIED	CATE OF DEATH State File No. 137	32
1 X3782	Registration District No. 290 Primary Registration District	ct No. 3983 Registrar's No.	<u>}</u>
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	= <u></u>
52	(a) County Pulaski	(a) State Missouri (b) CountPulaski	0'3
ٽ ۾	(b) City or town Rural Cullen T. S.) (If outside city or town limits, write "RURAL" and name of township)	(c) City or town Cullen Town Ship	0
PERMANENT RECORD	(c) Name of hospital or institution:	(If outside city or town limits, write "RURA!	נ") ט
, <u>I</u>	County Farm 5 (If not in hospital or institution, write street number or location)	(d) Street No. (If rural, give location)	<del></del>
	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country? NO	(Ver or No)
¥	In this community LIIE		(Yes of No)
E W	years, months or days)	If yes, name country	
豆	3. (c) PRINT Samuel Wesley Bruff		
- ₹	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month Dec. day 11th	
$\Xi$	name warNo	year 1945 hour minute	_
<b>£</b> INK—MAKE		21. I hereby certify that I attended the deceased from Dec 4	
≥ Î	4. Sex Male 6 5. Color or race White divorced Divorced	that I last saw here alive on Alex 1/	
¥	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	that I last saw harm alive on and that death occurred on the date and hour stated above.	
	Do not know alive years	Immediate cause of death Celeral	Duration
お 鼠	7. Birth date of deceased April 30 1868	Kemarlage .	
O'25 BLACK	(Month) (Day) (Year)	<u> </u>	
	8. AGE: Years Months Days If less than one day	Due to Ny Perlensian	***
10 UNFADING	80 8 21 1		
·		Due (a) Cardio Vaicular	
· Ż.	9. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)	denal desiase	
	10. Usual occupation Laborer	Other conditions	
S	11. Industry or business		PHYSICIAN
Ţ	∰ (12. Name William Bruff	Major findings: Of operations	
[]	HEK Missouri "		Underline the cause to
Į.	(City, town, or county) (State or foreign country)	Of autopsy	which death should be
WRITE PLAINLY—USE	川田 Mingovat //		charged sta- tistically.
邑	Sirthplace   MIBSOUTION   (State or foreign country)	22. If death was due to external causes, fill in the following:	
₹	16. (a) Informant Paul B. Hoops	(a) Accident, suicide, or homicide (specify)	
<b>≥</b>	(b) Address Crocker, Mo.	(b) Date of occurrence	
	17. (a) Burial (b) Date thereof 12//12/45	(c) Where did injury occur?	(State)
	(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in	public place?
	(5) . 1 2000 ( )	(Specify type of place)	*******
· · · ·	Crooks on Mo	While at work (c) Means of injury	28
	(b) Address (100 to 1)	23. Signatur / Coll / M.D. or	other)
	(Date received local registrar) (Registrar's signature)	Address Naynesvell //10 Date sign	101/1-11-47
	(Licensed Embalmer's Sta	itement on Reverse Side)	

The area by court if y the t the body where	embalm	BY LICENSED EMBALMER   **Delicent Control of this certificate was fembalmed by me, or by	
working under my personal supervision.	lame is recorded on the r	, Registered Apprentice No	
		Signed Yaul B. Hoop	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we the above constitutes grounds for revocation of license.)

Licensed Embalmer No. 326/

If this body is not embalmed, fact should be so stated above.