

FILED MAY 13 1946

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 E. 7th St., Ter. Apt. 35
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edward Bruce

3. (b) If veteran, name war World War II
3. (c) Social Security No. 492-12-8884

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

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

7. Birth date of deceased: January 16 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 0
If less than one day hr. min.

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

10. Usual occupation Musician

11. Industry or business ?

MOTHER FATHER {
12. Name James E. Bruce
13. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Wright
15. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: of removal: Detroit, Michigan

18. (a) Signature of funeral director Virgie Hope
(b) Address Excelsior Springs, Mo.

19. (a) 4/16/46 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from April 12 1946 to April 15 1946;
that I last saw him alive on April 15 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic moderately advanced, active
Duration unknown

Due to _____

Due to _____

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

Major findings: Of operations 12/15
Of autopsy No autopsy performed
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 injury) _____ (e) Means of injury ?

23. Signature Ernest M. Tapp (M. D. or other) M.D.
Address Veterans Administration, Excelsior Springs, Mo. Date dictated 4-15-46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-46

1 AUG 21 1948

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.