

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30751

SEP 18 1946

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Rural / MINERAL TWP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 24 yrs. (Specify whether)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural MINERAL TWP.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME King Bruce

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bruce

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

7. Birth date of deceased April 14 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 4 37 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name J. M. Bruce

13. Birthplace No Data Virginia
(City, town, or county) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant (wife) Mary Bruce

(b) Address Oronogo

17. (a) Burial (b) Date thereof 9/12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) SEPT. 11 1946 (Date received local registrar)

[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 6 1945 to Sept 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy _____

Duration _____

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)

(e) Means of injury 0

23. Signature R. M. Sturgeon (M. D. or other)

Address Webb City Mo Date signed 9/14/46

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

137

44-8-792

1961 P NDC

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 Richard H. my Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.