

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Fischel Mo. State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty-five days
(Specify whether D)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. Route #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bruce, Thomas Anthony

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1947 hour 9:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from December 27, 1946 to January 21, 1947
that I last saw him alive on January 21, 1947
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased December 15 1880
(Month) (Day) (Year)

Immediate cause of death Abdominal Carcinomatosis. Duration 1 month.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

Due to Adenocarcinoma of the Pancreas 3 months.

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

Due to _____

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

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations As above

Of autopsy As above.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Bruce, Hugh

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

14. Maiden name (?) Alice

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

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? _____

16. (a) Informant Grover C. Bruce

(b) Address R#1 Harrisonville, Missouri

17. (a) Removal (b) Date thereof Jan 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Mo.

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

23. Signature J. Murray (M. D. or other) _____
Address Columbia, Mo. Date signed 1-22-47

18. (a) Signature of funeral director C.H. Blackman

(b) Address K.C. Mo.

19. (a) 1-22-47 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 28 1947

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..... *O. K. McFarland*

Licensed Embalmer No. *3406*

P. O. Address *K.C. 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.