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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44551

Registration District No. 501 Primary Registration District No. 6041 Registrar's No. 2278

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
3 miles north of Naylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

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

(d) Street No. 3 miles north of Naylor 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Bruce

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. 5, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	11	16	hr. min.

9. Birthplace unknown (City, town, or county) Bohemia (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name wiess
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Bruce

(b) Address Naylor, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 23, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Gumm

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 1-21-47 (Date received local registrar) (b) E. D. Johnston (Registrar's signature) 277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 4 p.m. minute 45 M.

21. I hereby certify that I attended the deceased from June 1, 1947, to July 21, 1947
that I last saw her alive on July 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatous condition, lung
Due to uterus etc.
Due to origin was in uterus and vagina
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumour mass in vagina & uterus
~~Of autopsy~~ Radium was used

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. Emilie (M. D. or other)

Address Naylor Mo. Date signed 1/21/47

(Licensed Embalmer's Statement on Reverse Side)

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 Carlos Taylor, Registered Apprentice No. ark 266, working under my personal supervision.

Signed Lyon McCord

Licensed Embalmer No. H 79

P. O. Address Naylor, 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.