

FILED JUN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20430

Registration District No. 291

Primary Registration District No. 5998

Registrar's No. 41

## 1. PLACE OF DEATH:

(a) County Putnam  
 (b) City or town Rural York Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lucerne, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME Sarah Della Bruce3. (b) If veteran,  
name war3. (c) Social Security  
No. ##4. Sex F5. Color or  
race W6. (a) Single, widowed, married,  
divorced Widow6. (b) Name of husband or wife  
Thomas Bruce6. (c) Age of husband or wife if  
alive 7 years7. Birth date of deceased 2 7 1875

(Month)

(Day)

(Year)

8. AGE:

Years  
73Months  
4Days  
4

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)  
Missouri10. Usual occupation Home Keeper

11. Industry or business

12. Name Jonathan Ricketts

13. Birthplace

(City, town, or county)

(State or foreign country)  
Ind.14. Maiden name Margaret Richardson

15. Birthplace

(City, town, or county)

(State or foreign country)  
Ind.16. (a) Informant Clayton D. Bruce(b) Address Lucerne, Mo.17. (a) Burial(b) Date thereof 6 13 1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

Lemohe Cem.

(c) Place: burial or cremation

18. (a) Signature of funeral director Husted & SonUnionville Mo.

(b) Address

19. (a) 6-15-48(b) Marvill Durbey

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
Rural  
 (c) City or town 6  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Yourk Township  
 (If rural, write location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1948 hour 2:00 minute A M.21. I hereby certify that I attended the deceased from Jan 4  
1948 to June 11 1948  
that I last saw her alive on June 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

3 yearsDue to metastatic lesionCerebral hemorrhageDue to that was remained15 years ago.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 50

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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? 2

(Specify type of place)

23. Signature Chas L. Durbey (M. D. or other) DAddress Unionville, Mo. Date signed 6-12-48

JUL 2 1948

RECEIVED  
District Health Officer No. 10  
District File Number 6-48-1106  
Date Filed JUN 22 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 Muel E. Husted  
Licensed Embalmer No. 3304  
P. O. Address Wilmington, N.C.

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.