

FILED AUG 6 1948

Registration District No. 277

Primary Registration District No. 441

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
B. B. Springs 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME NANCY MATILDA BRUCE

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Charles Bruce 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased June 1 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Levi B. Ince

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Carolyn Pruitt

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

16. (a) Informant Mrs. M. P. Henderson
(b) Address Louisiana, Missouri

17. (a) removal (b) Date thereof 7/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Cem.

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) 7-31-48 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 2521 North Carolina 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1936, to 7-29-48
that I last saw h. or alive on 7-29-48
and that death occurred on the date and hour stated above.

Immediate cause of death Heart pneumonia
Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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?

23. Signature [Signature] (M. D. or other)
Address Louisiana, Missouri Date signed 7-31-48

RECEIVED

District Health Officer No. 7

District File Number 8-48-13

Date Filed AUG 5 - 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.....

Virginia M. Steene, Registered Apprentice No. 491
working under my personal supervision.

Signed Harold Garman

Licensed Embalmer No. 3770

P. O. Address Lawrence

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.