

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29291**

FILED OCT 14 1948 **83**

Registrar's No. **14**

Registration District No. Primary Registration District No. **531J**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution: **HOME - R.F.D. /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether **LIFE**)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **SALINE TOWNSHIP**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MRS BERTHA GOOD BRUCE**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **7th**
year **1948** hour **6:45** minute **0** M.

21. I hereby certify that I attended the deceased from **July 15, 1948**
....., 19....., to **10-7-48**, 19.....
that I last saw her alive on **9-30-48**, 19.....
and that death occurred on the date and hour stated above.

4. Sex **FEMALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **CLARENCE H. BRUCE**

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

7. Birth date of deceased **MARCH 2 - 1888**
(Month) (Day) (Year)

Inmediate cause of death **Myocardial infarction**

Due to **Hypertension - arteriosclerosis Heart Disease**

Duration **? 10 months**

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

60 **7** **5** hr. min.

Due to.....

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

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or country) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

Major findings: Of operations **none**

Of autopsies **none**

PHYSICIAN **None**

Underline the cause of which death should be charged statistically.

11. Industry or business **HOME**

12. Name **WILLIAM J. GOOD**

13. Birthplace **MONITEAU COUNTY MISSOURI**
(City, town, or country) (State or foreign country)

14. Maiden name **CATHERINE STONE**

15. Birthplace **COOPER COUNTY MISSOURI**
(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?.....
(Specify type of place)

While at work?..... (Specify type of place)

23. Signature **B M Good** (M. D. or other) **M.P.**
Address **329 Main, Boonville** Date signed **10-11-48**

16. (a) Informant **CLARENCE BRUCE**

(b) Address **WOOLDRIDGE - MISSOURI**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **10/12/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEM.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE - MISSOURI**

19. (a) **10-12-48** (Date received local registra:)

(b) **[Signature]** (Registrar's signature) **72**

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

200

OCT 14 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..... *James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.