No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40038
Registrar's No. 5303

Registration District No. 149
Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 SPRUCE AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 48 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3 8
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 114 SPRUCE AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS FRANCES 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 WIDOWED
6. (b) Name of husband or wife MR. PHILLIP HENRY BRUCE
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JANUARY (Month) 20 (Day) 1864 (Year)

8. AGE: Years 84 | Months 11 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace AUBREY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ---
FATHER
12. Name GEORGE MATHERS 1
13. Birthplace VOLANT (City, town, or county) PENNSYLVANIA (State or foreign country)
MOTHER
14. Maiden name LOUISA KEENY
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS HARRY F. ROARK
(b) Address 114 SPRUCE AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director O. H. Newsomer's Son
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 12-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 27TH year 1948 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from 12/24, 1948, to 12/27, 1948; that I last saw her alive on 12/27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9:40	PHYSICIAN
Of autopsy	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? R. A. Williams (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Williams (M. D. or other)
Address 5400 St John Ave K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

5400 Lt. Jann
3-6

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.