No. 300
10-48

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

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14564

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4594 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winona, Missouri
c. LENGTH OF STAY (in this place): 17 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winona, Missouri
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Harold c. (Last) Bruce

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 19 1895

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months: 6 Days: 19 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: George Bruce

13b. MOTHER'S MAIDEN NAME: Jane Lundy

14. NAME OF HUSBAND OR WIFE: Rose Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 540-14-7865

17. INFORMANT'S SIGNATURE OR NAME: Rose Bruce ADDRESS: Winona, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Myocardial degeneration

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 20, 1949, *to* March 31, 1949, *that I last saw the deceased alive on* March 31, 1949, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Rollins M.D. (Degree or title)

23b. ADDRESS: Winona Mo

23c. DATE SIGNED: 4-7-49

24a. BURIAL CREMATION REMOVAL (Specify): Burial

24b. DATE: Apr 5 1949

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Winona, Mo

DATE REC'D BY LOCAL REG.: 4-16-49

REGISTRAR'S SIGNATURE: L. L. Rollins by M. Rollins 306

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 449291
Date Filed 4-23-45

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.....

.....Student Embalmer No. .....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3224

P. O. Address.....

Signed.....
Student Embalmer

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.