

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

44459

State File No. \_\_\_\_\_

5830

FILED FEB 7 1953

BIRTH NO. 291278 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS-CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>4 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>2626 College (PARENTS)</u>	
3. NAME OF DECEASED a. (First) <u>TWIN NO. 1</u> b. (Middle) _____ c. (Last) <u>BRUCE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-24-1952</u>			
5. SEX <u>3</u>	6. COLOR OR RACE <u>FEMALE Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>	8. DATE OF BIRTH <u>12-23-52</u>
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>TRUMAN - BRUCE</u>	
13b. MOTHER'S MAIDEN NAME <u>VAL-JEANNE-STEVENSON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Truman Bruce</u> ADDRESS <u>2626 College</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature labor</u>		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) <u>Premature labor</u> DUE TO (c) <u>increased by activity of mother (not abortion)</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Weight 11 oz.) (4 mo. Gestation)</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-23, 1952 to 12-24, 1952, that I last saw the deceased alive on 12-23, 1952, and that death occurred at 2:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leroy Goodman</u> (Deed or title)		23b. ADDRESS <u>411 Nichols Rd. K.C. Mo</u>		23c. DATE SIGNED <u>12/31/52</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fields</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-31-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Schumpe</u> ADDRESS <u>St. C. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JK 4345

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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Anna Bohmeyer*

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *TC MD*

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.