

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31450**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1008**

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2724 Monterey  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 40 years  
years, months or days

**3. (a) PRINT FULL NAME** MABEL BRUCE  
 3. (b) If veteran, name was none  
 3. (c) Social Security No none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edward A. Bruce 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased July 27th. 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montrose Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

**MOTHER FATHER**  
 12. Name Wm. H. Gentzell  
 13. Birthplace York Pa.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah M. Royer  
 15. Birthplace York Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Bruce  
 (b) Address 2724 Monterey St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) Sept 16 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2724 Monterey  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 13th.  
 year 1940 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb. 21, 1940, to Sept 13, 1940  
 that I last saw her er alive on Sept 12, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic cancer of lower end of uterus

Due to removal of breast 8 yrs

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 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? 85

While at work \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) md  
 Address [Signature] Date signed 9-16-40

**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

*Geo. E. Daniel*

Licensed Embalmer No.

*3800*

P. O. Address

*St. Joseph's*

**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.**