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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 34905

Registrar's No. 315

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Clay

(c) City or town Peach Orchard
(If outside city or town limits, write "RURAL")

(d) Street No. rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Alvis Sylvester Bruce

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife wife Alice Bruce

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1895 (Year)

8. AGE: Years 45 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Dunklin Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer 1

11. Industry or business .....

FATHER
12. Name George A. Bruce 0
13. Birthplace Charleston S. C. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Ward
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Irvin G. Bruce
(b) Address Kizer Ark

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct. 15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Peach Orchard Ark.

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo

19. (a) 10-16-40 (Date received local registrar) (b) Oldutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 40 hour 1 55 minute P. M.

21. I hereby certify that I attended the deceased from .....
....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Cervical Vertebrae, Right Clavicle, and right Radius bones lacerations Head

Due to Head on collision two Trucks on public Hiway

Due to .....

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

Major findings:
Of operations .....

Of autopsy no

Duration

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) accident

(b) Date of occurrence Oct 14-1940

(c) Where did injury occur? Near Essex (City or town) Stoddard (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway (Specify type of place)

While at work? no (e) Means of injury Head on Collision

23. Signature Grover W. Green (M. D. or other) Coroner

Address Poplar Bluff Mo Date signed 10/16-40

(Licensed Embalmer's Statement on Reverse Side)

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 Grover W. Green

Licensed Embalmer No. 2966

P. O. Address Poplar Bluff, 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.