

FILED OCT 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

I. 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: Out-patient K.C. Gen. Hosp.
3231 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **9**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 3231 Prospect
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th
year 1941 hour 4:45AM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
Dr. Morrison

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

MYOCARDIAL INSUFFICIENCY

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Drury R. Thom (M, D, or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed 9-13-41

3. (a) PRINT FULL NAME

William M. Bruce

3. (b) If veteran, name war None

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 Unknown

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

7. Birth date of deceased Jan. 13 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>-</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alfred Bruce

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Filda Stone

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. General Hosp. #1

17. (a) Burial (b) Date thereof 9 17 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Plaza K.C. Mo.

19. (a) Sept 17-1941 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

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

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.....

Blaine E. W. W. W.

Licensed Embalmer No. *4075*

P. O. Address *2332 Monte Carlo*

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.