

FILED DEC 6 1941

Registration District No. 761

Primary Registration District No. 4456

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

1. PLACE OF DEATH

(a) County St. Clair

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

(c) Name of hospital or institution: Home 1st & Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Clair

(c) City or town Appleton City 93
(If outside city or town limits, write "RURAL")

(d) Street No. 1st & Chestnut 1
(If rural, give location) 6

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RHODA JANE BRUCE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1 1935 to Nov 26 1941; that I last saw her alive on Nov 26 1941 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife: William Bruce 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased: Oct 24 - 1938
(Month) (Day) (Year)

Immediate cause of death: Heart attack Chronic myocarditis

Duration _____

8. AGE: Years 8-3 Months 7 Days 28 If less than one day _____ min.

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

10. Usual occupation Flowerkeeping

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Rosbrough

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

14. Maiden name Unknown

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

Due to _____

Due to _____

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

Major findings: 93d

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Furman

(b) Address 808 SO. FREE Kansas City Mo

17. (a) Burial (b) Date thereof Nov 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank R. E.

(b) Address Appleton City MO

19. (a) Nov 28-41 (b) Olis Arney
(Date received local registrar) (Registrar's signature)

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 R. L. Hansen (M. D. or other) MO

Address Appleton City Mo Date signed 11-27-41

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1953-

Date Filed 12-3-41

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 me
on the 25 day of nov 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, Wis

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.