No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 42436

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 223 East Wise Str. (If not in hospital or institution, write street number or location)

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

In this community 40 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 223 East Wise (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Edward Bruce

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race Negro

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

6. (b) Name of husband or wife Wite MARY BRUCE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased DEC. 15 - 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 26 If less than one day ... hr. ... min.

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

10. Usual occupation LaBor

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant James E Bruce Jr
(b) Address 223 E Wise

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 14 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation NORTH CEMETERY

18. (a) Signature of funeral director H. A. Meinershagen
(b) Address Chillicothe Mo

19. (a) DEC 12 (Date received local registrar) (b) LOU ELLA CURRY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1941 hour about minute 6 P.M.

21. I hereby certify that I attended the deceased from Nour, 19..., to none, 19...; that I last saw him alive on over 1 year ago, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Artero-Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 83a

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

23. Signature Reuben Barney Coroner (M. D. or other)
Address Chillicothe Mo Date signed 12-11-1941

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1948

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 Self

Ebner Thomas, Registered Apprentice No.

working under my personal supervision.

Signed Ebner Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.