

Registration District No. 25

Primary Registration District No. 1001

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: Missouri Methodist O
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 day
In this community 24 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Seneca
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 to June 14 1942
that I last saw him alive on June 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism
Duration: 1 day
Due to: Coxema of Uterus ?

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN: *486*
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? _____
(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: *J. M. Allman* M. D. or other: *no*
Address: *Central Bldg* Date signed: *6/13/42*

3. (a) PRINT FULL NAME Caroline Bruce

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife M.C. Bruce
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Salisbury Ind /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Dalrymple

13. Birthplace Washington Pa /
(City, town, or county) (State or foreign country)

14. Maiden name Lavinia Weyandt
15. Birthplace Washington Pa /
(City, town, or county) (State or foreign country)

16. (a) Informant Lavinia Bruce

(b) Address 2717 Seneca

17. (a) Burial (b) Date thereof 6/15/42
(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 1946 Colhoun

19. (a) June 15-1942 (b) *J. M. Allman* CLERK
Date received local registrar (Registrar's Signature) MISSOURI STATE BOARD OF HEALTH

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

MOTHER FATHER

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..... *Robert H. Yaph*.....
Licensed Embalmer No. *3308*.....
P. O. Address..... *St. Joseph, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 85-

Primary Registration District No. 1001

Registrar's No. 577640

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: Missouri Methodist
(If not in hospital or institution, write street number or location)

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

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 Seneca
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Caroline Bruce

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 to June 12, 1942 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 married

6. (b) Name of husband or wife M. E. Bruce 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased June - 10 - 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Embolism Duration 1 day

8. AGE: Years 65 Months 0 Days 2 If less than one day min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Dalrymple

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

14. Maiden name Larminat Weygandt

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

16. (a) Informant Larminat Bruce

(b) Address 2717 Seneca

17. (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. E. Mansel

(b) Address 1946 Calhoun

19. (a) 6-15-42 (b) Frank Herzog
(Date received local registrar) (Registrar's signature)

Due to Carcinoma of uterus?

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? D (Specify type of place) (e) Means of injury _____

23. Signature G. W. Allaman (M. D. or other) M. D.

Address Central Bldg Date signed 6-15 1942

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

MOTHER FATHER

TEMPORARY

S-20645