

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Wells City
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Edna Clara Bruce

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

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

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

7. Birth date of deceased Jan 17th 1853
 (Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Livermore Co. New York
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business at home

12. Name Rolland Powell
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Paula Powell
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Esther Milner
 (b) Address Joplin Mo

17. (a) Buried (b) Date thereof Oct 26 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Cemetery

18. (a) Signature of funeral director Wells City Ind Co.
 (b) Address Wells City Ind Co.

19. (a) Oct 26 1942 (b) Mrs. Lillie Lyle
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Wells City
 (If outside city or town limits, write "RURAL.")

(d) Street No. 820 N. Prospect
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
 year 1942 hour 5:55 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 8, 1942, to Oct 24, 1942;
 that I last saw her alive on Oct 23, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____
 Due to H68

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 _____ (Specify type of place)
 (a) Means of injury _____

23. Signature R. W. Stover (M. D. or other) M.D.
 Address Wells City Date signed 10/26/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

Rev. 5-17-39
Form 1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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, above space should be left blank.