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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1944

Registration District No. 1530

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7354

Primary Registration District No. 5522

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural Prairie Twp

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

(c) Name of hospital or institution: Jackson County Home for Aged

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

(d) Length of stay: In hospital or institution: 9 mo. (Specify whether years, months or days)

In this community: ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Rural Prairie (If outside city or town limits, write "RURAL")

(d) Street No.: Little Bena, Mo. (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: James A. Bruce

3. (b) If veteran, name war: NW

3. (c) Social Security No.: NW

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Belle Bruce

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: May (Month) 17 (Day) 1880 (Year)

8. AGE: Years 63 | Months 8 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace: New York (City, town, or county) / (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: —

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Leonard Jackson County Home

(b) Address: R. 7 Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month), (Day), (Year)

(c) Place: burial or cremation: Lee's Summit

18. (a) Signature of funeral director: B. Langford

(b) Address: Lee's Summit Mo.

19. (a) Jan. 29, 1944 (Date received local registrar) (b) F. M. Schlicht D.V.E.M.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1944 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Jan 29, 1944 that I last saw him alive on Jan 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

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: J. W. Greene (M. D. or other)

Address: Independence Mo. Date signed 1/30/44

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(Licensed Embalmer's Statement on Reverse Side)

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. R. O. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.