

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC JUL 7 1945

Registration District No. 82

Primary Registration District No. 4143

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Blackwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper
(c) City or town Blackwater
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Wm Bruce

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 1-1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Cooper County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Bruce
13. Birthplace Cooper County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Patricia Slusher
15. Birthplace Cooper County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. A. Bagley
(b) Address Blackwater Mo

17. (a) Burial (b) Date thereof June 27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Penninsula Church

18. (a) Signature of funeral director Woodrow T. Miller
(b) Address Boonville Mo

19. (a) June 25-45 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour 7:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 21 1945 to June 25 1945; that I last saw him alive on June 25 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 830

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

23. Signature J. W. Hunt (M.-D. or other) D.O.
Address Blackwater Mo Date signed 6-27-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7/6/45

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Bozville 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.