o. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1948

Registration District No. 787

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3040

State File No. 20072

Registrar's No. 86

1. PLACE OF DEATH
(a) County: Livingston
(b) City or town: Chillicothe Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days)
In this community: 30 years.

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 223 E. Wise
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

59 1 2 3

3. (a) PRINT FULL NAME: Mary Bruce
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: C
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Husband James E. Bruce
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 23 (Day) 1886 (Year)
8. AGE: Years 62 Months 0 Days 10 If less than one day: hr. min.
9. Birthplace: Carrol County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John White
13. Birthplace: Mexico Mo. (City, town, or country) (State or foreign country)
14. Maiden name: Bell Collins
15. Birthplace: Calloway County Mo (City, town, or country) (State or foreign country)
16. (a) Informant: Geraldine Franklin
(b) Address: 1701-C 17 Street (C.) Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: North Cem.
18. (a) Signature of funeral director: E Beckett 3227
(b) Address: Chillicothe Mo.
19. (a) July-5-48 (Date received by local registrar) (b) Frances B. Neff (Registrar's signature) 1171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 48 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1948, to July 3, 1948; that I last saw her alive on June, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung. (Both) — Duration

Due to:

Due to:

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

Major findings:
Of operations: HD
Of autopsy:

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:

Signature: Joseph F. Gale (M. D. or other) M.D.
Address: Chillicothe Date signed: 7-5-48.

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. E Beckett

Licensed Embalmer No. 3227

P. O. Address. Chillicothe 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.