

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23325
2914

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 100 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			STREET ADDRESS (If rural, give location) 1425 So. 36th, KANSAS CITY, MO.		
3. NAME OF DECEASED (Type or Print) a. (First) NANCY		b. (Middle) VIRGINIA		c. (Last) BRUCE	
4. DATE OF DEATH JULY 4, 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 26, 1878		9. AGE (In years last birthday) 71 YRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SHELBY COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN M. CLAY		13b. MOTHER'S MAIDEN NAME SARAH BARTON	
14. NAME OF HUSBAND OR WIFE CHARLES C. BRUCE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CHARLES C. BRUCE		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 1425 S. 36th, K.C. MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of the Cecum 15 P.M.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 29</u> , 19 <u>49</u> , to <u>7-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 4</u> , 19 <u>49</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE H. H. LOCKWOOD, M.D. (degree or title)			23b. ADDRESS 830 Angelle Bldg		23c. DATE SIGNED 7-4-49
24a. BURIAL, CREMATION, REMOVAL, (Specify) CREMATION		24b. DATE JULY-6-1949		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE Seraldine Holmes		24f. ADDRESS 1331 BRUSH CREEK	
24g. DATE REC'D BY LOCAL REG. 7-6-49		24h. REGISTRAR'S SIGNATURE		24i. ADDRESS KANSAS CITY, MO.	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. K. C. 14 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.