

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16343**
1964
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON MO		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) NANJAS CITY c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 8159	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1425 SOUTH-36TH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) CLAY c. (Last) BRUCE	4. DATE OF DEATH (Month) (Day) (Year) APRIL-29-1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH-2-1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY A-T-SANTAFE RR.	11. BIRTHPLACE (State or foreign country) LOPUS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN M. BRUCE	13b. MOTHER'S MAIDEN NAME MARGARET J. CLAY	14. NAME OF HUSBAND OR WIFE MRS. JESSIE M^{CK} KNIGHT BRUCE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. JESSIE M^{CK} KNIGHT BRUCE ADDRESS 1425 S. 36TH ST. KANSAS CITY, MO.
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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) Respiratory insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction common duct Obstruction cystic duct DUE TO (c) Carcinoma Pancreas Conditions contributing to the death but not related to the disease or condition causing death Cholelithiasis		INTERVAL BETWEEN ONSET AND DEATH 72 hrs 3 1/2 yrs 10 days 4 years 48
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct. 1939** to **29 Apr. 1952**, that I last saw the deceased alive on **28 Apr. 1952**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. G. Neighbor MD (Degree or title)	23b. ADDRESS 5238 Belvoir Road	23c. DATE SIGNED 29 Apr 52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY-1-1952	24c. NAME OF CEMETERY OR CREMATORY DW. NEWSOMERS SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-30-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newsomer's Sons ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Robert E. Mason

Signed.....
Student Embalmer

Licensed Embalmer No. 4849

P. O. Address R. E. Mason

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.