

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4746

FILED FEB 18 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 537

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>26 Days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1318 STEWART AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>JAY</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>BRUCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 4, 1899</u>
9. AGE (In years last birthday) <u>54</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer - WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hoxie, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rastus M. Bruch</u> 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Haskill</u> 14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>510-03-8409</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records, Kansas City</u> ADDRESS <u>MO</u>
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>Perforation peritonitis</u> ANTECEDENT CAUSES Volvulus, intestinal adhesions Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>3 days</u> DUE TO (c) <u>Carcinoma of rectum, colostomy</u> 2 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1547</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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>January 5, 1954, to January 31, 1954</u> , XXXXXX <u>and that death occurred at</u> <u>10:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>THOMAS J. RANKIN, M.D.</u>		23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	23c. DATE SIGNED <u>2/1/54</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>
DATE REC'D BY LOCAL REG. <u>2-3-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 13RASH CREEK KANSAS CITY, MO.</u>	

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.....
Signature of Student Embalmer

Signed *Clare V. Carr, Jr.*

Licensed Embalmer No. 4934

P. O. Address K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.