

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13162**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1515</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. 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>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen Of The World</u>				d. STREET ADDRESS (If rural, give location) <u>2624 1614 Victor</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>			b. (Middle) <u>L.</u>		c. (Last) <u>BRUCE</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7, 1956</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, 1 WIDOWED, 2 DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct. 2, 1911</u>		9. AGE (In years last birthday) <u>44</u>	10. UNDER 1 YEAR Months Days	11. UNDER 6 MRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Charles Bruce</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Leonard</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-16-4027</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Bruce 2421 Bellmontaine</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>8-30-56</u>	
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) (Min.)		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>3-30</u> , 1956, to <u>4-7</u> , 1956, that I last saw the deceased alive on <u>4-7</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>P. M. Nunn</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1401 SW Blvd/K.C. Kan.</u>		23c. DATE SIGNED <u>4-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nathan W. Thatcher</u>		ADDRESS <u>K.C.K.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

William W. Heath Jr.

Licensed Embalmer No. *2496*

P. O. Address: *R. E. H.*

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.