

LEO MAR 19 1941
Registration District No. 74Primary Registration District No. 5227A

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Moniteau Rural
(b) City or town Leinn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 28-11-93. (a) PRINT FULL NAME DARREL BURNS BRUCE

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eda Martin 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased 3 31 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 9 If less than one day _____ hr. _____ min.9. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

- MOTHER FATHER
12. Name Leve Moses Bruce
13. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellie Moore
15. Birthplace Moniteau Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Boone M. Bruce
(b) Address Prairie Home Mo
17. (a) Burial (b) Date thereof 2-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coppes Chapel Cem18. (a) Signature of funeral director Albert Hambeck(b) Address Prairie Home Mo19. (a) Feb 12 1941 (b) Abbie Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau
(c) City or town near Woodridge Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th
year 1941 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from dead
when I seen him, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Chronic
alcoholism with
cardiac disease Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Kenneth Latham M.D. (M. D. or other) _____Address California, Mo Date signed 2/12/41

Handwritten notes at top left, including "Mortuary" and "Funeral Home".

Handwritten note at top center: "April 1914"

Handwritten note at top right: "Funeral Home"

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

working under my personal supervision.

Signed

Albert Hornbeck

Licensed Embalmer No. *2714*

P.O. Address

Prarie Home 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, above space should be left blank.