

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 17 1947

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County MONTEAIGU COOPER

(b) City or town WINN BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
PAVENS WAY HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTEAIGU

(c) City or town WINN
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORTHY MARY BRUCE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 7 1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name HUGH BRUCE D

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BRUCE

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant HUGH BRUCE D

(b) Address WOODBRIDGE MO

17. (a) Buried (b) Date thereof 1-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COPPS CHAPPEL

18. (a) Signature of funeral director Calbert Hornbeck

(b) Address Prarie Home MO

19. (a) 1-11-47 (b) D. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1947 hour 4 minute 40 M.

21. I hereby certify that I attended the deceased from Sept 11
1946 to Jan 11 1947

that I last saw h a alive on Jan 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis of the coronaries Duration 19 years

Due to Appx 100% atherosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: unoperated tumor of the ovaries

Of operations _____

Of autopsy none

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 D

23. Signature Albert Hornbeck (M. D. or other) Jan 11
Address _____ Date signed 1947

RECEIVED

Sanitary Health Officer No. 8,

Product File Number _____

Date Filed 2-15-47

FEB 21 1947

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 No. _____

working under my personal supervision.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P.O. Address Prairie 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, fact should be so stated above.