S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1947

Registration District No. 83

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34050
State File No.

Primary Registration District No. 414

Registrar's No. 16

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town WOOLDRIDGE
(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 70 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town WOOLDRIDGE 6
(If outside city or town limits, write "RURAL")
(d) Street No. ____ 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME GEORGE T. BRUCE
3. (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 EFFIE BRUCE
6. (c) Age of ~~husband or~~ wife if alive 71 years
7. Birth date of deceased 11 (Month) — 11 (Day) — 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	22	____ hr. ____ min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business ____

MOTHER FATHER
12. Name JAMES BRUCE
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name MARGARET DRISKELL
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Effie Bruce
(b) Address WOOLDRIDGE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation COPPS CHAPPEL
18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo
19. (a) 10-7-47 (Date received local registrar) (b) W A Bramlett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-14, 1947, to 10-3, 1947, that I last saw him alive on 10-2, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of descending Colon	3 mos
Due to: ____	
Due to: [redacted] 46E	4 mos
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	6 mos

Major findings: Of operations Diagnosis made by X-ray only.
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W E Alton (M. D. or other) MD
Address Boonville Mo Date signed 10-3-47

(Licensed Embalmer's Statement on Reverse Side)

POST OFFICE

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.