

FILED DEC 4 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 221

Primary Registration District No. 5793 5793

Registrar's No. 3

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU

(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** LOLLIE TUTTLE BRUCE

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

4. Sex FEMALE 5. Color or WHITE

6. (a) Single, widowed, married, 2 divorced WIDOWED

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 - 7 - 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	4	16	hr. _____ min. _____
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9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name DANIEL B. MOORE

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

14. Maiden name Mrs. J. H. HURSON

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

16. (a) Informant Ruby Lee Brande
(b) Address 13 N. Main, J.C.

17. (a) BURIAL (b) Date thereof 11-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COPPS CHAPPEL GEM

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Pravine Home 3rd

19. (a) 11-26-48 (b) Guda M. Suow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1948 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 10-43
1943 to 11-26-48 1948

that I last saw him alive on 11-22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration 5 1/2 yrs

Due to Arterio Sclerosis 5 1/2 yrs

Due to Arterio Sclerosis 24 yrs

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

Major findings: Of operations 23%

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 W. R. Meredith (M. D. or other) _____
Address Pravine Home 3rd Date signed 11/24/48

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

6800

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.