

Registration District No. **221**

Primary Registration District No. **3793**

Registrar's No. _____

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

6800

1. PLACE OF DEATH:
(a) County **MONITEAU**
(b) City or town **LINN JUMP**
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **MONITEAU**
(c) City or town **RURAL LINN**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: **LEUI M. BRUCE**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **23** year **1944** hour **6** minute **P**
21. I hereby certify that I attended the deceased from **July 1** **1944** **to** **Sept 23** **1944**
that I last saw him alive on **Sept 21** 19**44** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **GILLET BRUCE** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **11 10 1875**
(Month) (Day) (Year)

Immediate cause of death **Coronary Artery of Heart**
Duration **?**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years **71** Months **10** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation: **PRYMER**

11. Industry or business: _____
12. Name: **JAMES K. BRUCE**
13- Birthplace: **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name: **MARY WILLIAMSON**
15. Birthplace: **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Gillette Bruce**
(b) Address **Woodridge mo.**

17. (a) BURIAL (b) Date thereof **9-25-1944**
(Burial, cremation, or removal) (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) 9-24-44 (b) **Wm. Hutzsch**
(Date received local registrar) (Registrar's signature)

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) Manner of injury _____
23. Signature: **A. R. W...** (M. D. or other) **W...**
Address **Prairie Home** Date signed **9-24-44**

511

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-5-44

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

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.