V. S. No. 2
0M—8-43
ev. 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 AUG 9 1945

Registration District No. 2247

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24491

Primary Registration District No. 8046

Registrar's No. 25-6

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Moniteau
(c) City or town California Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Virginia Bruce
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 27 (Day) 1856 (Year)

8. AGE: Years 89 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Lucien Fuller
13. Birthplace Connecticut (City, town, or county) / (State or foreign country)
14. Maiden name Virginia Lucinda Fuller
15. Birthplace St Louis (City, town, or county) Mo!! (State or foreign country)

16. (a) Informant Miss Ida Bruce
(b) Address California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Burk Cem
18. (a) Signature of funeral director Williams & Freeburg
(b) Address California Mo
19. (a) 7-2-45 (Date received local registrar) (b) R. J. Allee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1945 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from June 2, 1945, to June 30, 1945, that I last saw her alive on June 28, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 years
Due to: Generalized Arteriosclerosis	10 years
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? (Specify type of place)
While at work? / (e) Means of injury 0

23. Signature Kenyon Latham (M. D. or other)
Address California Mo Date signed 7-2-45

1312 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-7-45

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 Virgil E. Williams

Licensed Embalmer No. 3537

P. O. Address.....

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.