

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44076

Registration District No. 574

Primary Registration District No. 3227A

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Moniteau  
 (b) City or town Rural Linn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2

(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)3. (a) PRINT  
FULL NAMEBETTY JOAN BRUCE 620

## 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

11 - 23 1938  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

1 27 hr. min.

## 9. Birthplace

near Lupus  
(City, town, or county)mo  
(State or foreign country)

## 10. Usual occupation

## 11. Industry or business

## 12. Name

R. S. Bruce

## 13. Birthplace

near Lupus  
(City, town, or county)mo  
(State or foreign country)

## 14. Maiden name

Clara Stevens

## 15. Birthplace

near Lupus  
(City, town, or county)mo  
(State or foreign country)

## 16. (a) Informant's own signature

R. S. Bruce

## (b) Address

Jamestown mo

## 17. (a)

Burial  
(Burial, cremation, or removal)

## (b) Date thereof

12-22-39  
(Month) (Day) (Year)

## (c) Place: burial or cremation

Pettigrew Cem

## 18. (a) Signature of funeral director

C. Albert Hornbeck

## (b) Address

Pratt Home mo 516

## 19. (a)

Dec 21 39  
(Date received local registrar)Abbie Orval  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

## (a) State

Mo

## (b) County

Moniteau

## (c) City or town

Jamestown

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

## (d) Street No.

R 72

(If rural, give location)

## (e) If foreign born, how long in U. S. A.?

years

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH: Month

12

day

20year 39hour 8minute 00

P. M.

## 21. I hereby certify that I attended the deceased from

1938 to 1939that I last saw her alive on 12/20/39

and that death occurred on the date and hour stated above.

## Immediate cause of death

Strangulation

Duration

See medical

## Due to

Slipping from high chair

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations 182Of autopsy 117

## 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) accident(b) Date of occurrence 12/20/39

(c) Where did injury occur?

Bedroom of father

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home

While at work?

(Specify type of place)

(e) Means of injury

## 23. Signature

D. A. Reynolds

(M. D. or other)

## Address

Jamestown moDate signed 12/21/39

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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. 2414

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, above space should be left blank.