

FILED FEB 27 1942

Registration District No. 374

Primary Registration District No. 3008

Registrar's No. 3d

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

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 mo 8 days
(Specify whether years, months or days)

In this community 4 mo 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cooper

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

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Hick Bruce

3. (b) If veteran, name war _____

3. (c) Social Security No. 1976

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13, 1888
(Month) (Day) (Year)

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

61 4 12 hr. 1 min.

9. Birthplace Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Luck Bruce

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

14. Maiden name Lisa Linn

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

16. (a) Informant G. W. Bruce

(b) Address Woodruff Mo

17. (a) Burial (b) Date thereof Jan 27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lupus, Mo

18. (a) Signature of funeral director Stegner-Koenig

(b) Address Boonville, Mo

19. (a) Jan 25 42 (b) Joan Morantoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 42 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 23
1942 to Jan 25 1942
that I last saw him alive on Jan 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions psychic with cerebro-arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 8301

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 Joy Imperatore (M. D. or other) M.D.
Address Fulton Mo Date signed Jan 25

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

will be embalmed

working under my personal supervision.

Registered Apprentice No.....

Signed: *James W. Stegner*

Licensed Embalmer No. *3780*

P. O. Address: *Boonville, 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.