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.

REC'D SEP 9 1938

2807

28709

Do not use this space.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township Jefferson — Primary Registration District No. 5293 — Registered No. 238
(c) City ~~Taos~~ — (d) Street No. Taos, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Marie Adelaide Bruns 652
(a) Residence, No. ~~Taos, Mo.~~ R 3 St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herman Bruns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1865
7. AGE: YEARS 72 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taos, Mo. 0 6

FATHER
13. NAME: John Wolken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 0

MOTHER
15. MAIDEN NAME: Mary Taulbe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taos, Mo.

17. INFORMANT (ADDRESS): Mrs. Maggie Schulte, Taos, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Taos, Mo. DATE: Aug. 9, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John F. Heinrichs, Jefferson City, Mo.
20. FILED 8/8/1938 [signature] M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Aug 7, 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance: 93A1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

John F. Heinrichs, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.