

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

32420
 Do not use this space.

DEC'D OCT 21 1938

3
1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Low Washington Primary Registration District No. 5558 Registered No. 70
 (c) City Kansas City (d) Street No. Armour Memorial Home 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

Allen Christian Bruner
 (a) Residence, No. Armour Memorial Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS
MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Shirland Bruner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1860
 7. AGE YEARS 78 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1939, to 9-4, 1939
 I last saw him alive on 9-4, 1939. Death is said to have occurred on the date stated above, at A. m. 11:10
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Business
 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

Myocardial cerebral thrombosis
hypertensive pneumonia
 Date of onset

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Other contributory causes of importance:
8201

FATHER 13. NAME Samuel Bruner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

MOTHER 15. MAIDEN NAME Joanna Chapman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

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.

 17. INFORMANT (ADDRESS) Armour Memorial Home Records, 81st & Wornall Road, Kansas Cy., Mo.

Manner of injury _____
 Nature of injury _____

 18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Sept. 3, 1938

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Charles J. Lee, M. D.

 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, Kansas City, Missouri

 20. FILED R.V. Lindley & Sons Local Registrar
R.N. Keeler

(Address) 1518 Professional Bldg

Embalmer's Statement on Reverse Side

Every item of information should be carefully supplied. Age should be stated exactly. If approximate, state so. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Licensed Embalmer No.

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

32420

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1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Washington Primary Registration District No. 5538 Registered No. 70
(c) City (d) Street No. 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

Allen Christian Bruner
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

78

MONTHS

9

DAYS

18

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as lawyer, bookkeeper, etc.

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

10 11

1938

Miss Jos. T. Brennan

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) Chester E. Lee, M. D.

(Address) 1518 Prof. Berg.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32420