

DEC 19 1938

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

39387  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 396  
(b) Township Ft Osage Primary Registration District No. 5552  
(c) City Buckner US Hiway No. 24 West edge of town Registered No. \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

655 Rudolph Brenning Home address 15 yrs  
(a) Residence, No. 559 Lowell St. St.  Kansas City Kan.  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1915

7. AGE YEARS 22 MONTHS 11 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pickle dept  
9. Industry or business in which work was done, as saw mill, bank, etc. Armour Pkg Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roblin (Manitoba) Canada

13. NAME Ludwig Brenning

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

15. MAIDEN NAME Linnie Webber (Brenning)

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

17. INFORMANT (NAME) Miss Katherine Brenning (ADDRESS) 559 Lowell St. KC Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE KC Ks. Et Calvary Cem DATE Oct 11/38

19. FUNERAL DIRECTOR (NAME) V.I. Reppert (ADDRESS) Buckner Mo. 2321.

20. FILED Oct 8, 1938 John W. Robison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8/38, 19\_\_\_\_

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 1 A.M.

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

Auto accident Hiway US No. 24  
Neck broken 1, 2, & 3rd Vert.  
Both thighs broken  
Left shin broken  
Left side chest crushed  
ribs over heart broken  
Right ear almost off  
Hemorrhage both ears  
found on Rt temple  
Left ankle broken

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 10-8 1938

Where did injury occur? 1/2 mi W Buckner Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Car struck bridge  
Nature of injury broken neck body cut head

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) J. Robison, M. D.  
(Address) Buckner

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.

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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, .....

**V. M Reppert** .....

, or by .....

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

Signed.....



Licensed Embalmer No. ....**2321**.....

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.**