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.

DEC'D FEB 21 1939

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

1794
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway — Registration District No. 104

(b) Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 17

(c) City Fulton — (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 656 Clara 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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11, 1866

7. AGE: YEARS 72 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER
13. NAME: Willis Bennett 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 9

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT (ADDRESS): Robt Conner, Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Millers Creek Cemetery DATE: Jan 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED Jan 13, 1939 R. N. Crews, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939, to Jan 12, 1939
I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 6 1939
93 C	

Other contributory causes of importance:

Asthma	D.K.
Chronic-Myocarditis	D.K.

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? no

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) T. S. Lapp, M. D.
(Address) Fulton, 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, _____, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Harold Christley

Licensed Embalmer No. 14002

P. O. Address Dalton 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.