

NOV 14 1939

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

35111  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100  
(c) City Kansas City, Mo. (d) Street No. 3324 Baltimore Registered No. 4086  
(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 Clara Brueser

(a) Residence, No. 3324 Baltimore 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 Female 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 William Brueser  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1854  
7. AGE YEARS 85 MONTHS 9 DAYS 14 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) Germany (STATE OR COUNTRY)

FATHER 13. NAME Frederick Schamp

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

MOTHER 15. MAIDEN NAME Henrietta Lockhoff

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

17. INFORMANT William Brueser (ADDRESS) 3324 Baltimore, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MAX MORRIS DATE 10/24 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 10/25 1939 M. M. Corone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1939 to Oct. 22 1939  
I last saw her alive on Oct. 22 1939. Death is said to have occurred on the date stated above, at 10:10pm  
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis  
92.00  
Other contributory causes of importance:  
Endocarditis, chronic  
Date of onset

Name of operation none Date of  
What test confirmed diagnosis? 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?  
If so, specify  
(Signed) P. P. Miller, M. D.  
(Address) 1802 - E. 31

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.

Dr. R. P. Miller,

1802-E 31

L.I. 2622

2:00-400

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Emery M. Plank

Licensed Embalmer No. 1848

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.