

Registration District No. **315 DEC 15 1939**

Primary Registration District No. **2001**

1. PLACE OF DEATH
(a) County Greene 2.
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2108 N. National
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME KATIE BRUNNER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 25, 1865
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife in home

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Toombs 13. Birthplace Unknown
14. Maiden name Elizabeth Lane 15. Birthplace Unknown
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jacob Brunner
(b) Address 2108 N. National Ave.

17. (a) Burial (b) Date thereof Nov 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thorp Cemetery

18. (a) Signature of funeral director J. W. Stinson & Co.
(b) Address 424 E. Commercial

19. Nov 15 1939 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2108 N. National
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 14
year 1939 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 27, 1939, to Nov 8, 1939;
that I last saw her alive on Nov 8, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast primary
Duration 1 yr.

Due to _____
Due to 50

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations No
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 540 1/2 E Commercial Date signed Nov 11 1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.....

J. B. Klunger

Licensed Embalmer No. *3358*

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.