

S. No. 2  
 11-10-39  
 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **5684**  
 Registrar's No. **909**

**FILED MAR 11 1940**  
 399

Registration District No. **399** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **37 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limit write "RURAL")  
 (d) Street No. **3030 Askewso**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **CARRIE BRUNNER**  
**3. (b) If veteran,** **No** **3. (c) Social Security** **No**  
 name war. **No** No. **NO**

**4. Sex** **Female** **5. Color or** **White** **6. (a) Single, widowed, married,** **Widow**  
 race **White** divorced **Widow**  
**6. (b) Name of husband or wife** **Albert Brunner** **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **May 11, 1857** **1857**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>9</b>	<b>17</b>	hr. _____ min. _____

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

**10. Usual occupation** **at home**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **No Record**  
**13. Birthplace** **No record**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **no record**  
**15. Birthplace** **Teghmier** **Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Frank Gordon**  
**(b) Address** **Denver, Colorado**

**17. (a) Holton Kansas** **(b) Date thereof Feb. 28 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Holton Kas.**

**18. (a) Signature of funeral director** **Mrs. C.L. Forster**  
**(b) Address** **918 Brooklyn Kansas City, Mo.**

**19. (a) Feb. 28 1940** **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb** day **28**  
 year **1940** hour **3** minute **55 A.** M.  
**21. I hereby certify that I attended the deceased from** **Feb 26-1940**  
 19 \_\_\_\_\_ to **Feb 28** 19 **40**  
 that I last saw her alive on **Feb 26-** 19 **40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis**  
 Duration **several weeks**

Due to \_\_\_\_\_ **131**

Due to \_\_\_\_\_  
 Other conditions **old age**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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** **A. L. Stenson** **(M. D. or other)** **SC**  
**Address** **3400 East 31-** **Date signed** **Feb 28 1940**

3/4 3/4  
arrived 2 P.M.

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. # 2570

P. O. Address M. O. M.

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.