

NOV 15 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 271

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution: 715 W - High  
(If not in hospital or institution, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME George A. Bruns

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5 1901  
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

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

12. Name Henry Bruns

13. Birthplace Cole County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bruns

15. Birthplace Flourissant Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Bruns

(b) Address 715 - W - High

17. (a) Burial (b) Date thereof Oct 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter

18. (a) Signature of funeral director James Service

(b) Address Jeff City Mo

19. (a) 10/22/40 (b) J. P. Be Spoc  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 715 W - High  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1940 hour ? minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 2 - 1940 to Oct 19 1940 that I last saw him alive on Oct 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to unknown

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

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

23. Signature Edw. Mangus (M. D. or other) M.D.

Address Jefferson City Mo Date signed 10-20-40

Duration ?  
1

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 *A. N. Anderson*

Licensed Embalmer No. *3691*

P. O. Address *Jefferson City*

**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, fact should be so stated above.**