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Registration District No. **293**

Primary Registration District No. **4177**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **FRANKLIN**

(b) City or town **PACIFIC**
(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 **41 YEARS**
years, months or days

3. (a) PRINT FULL NAME **IRVIN E. BRUNS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRANCES BRUNS**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Sept 1 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	2	27	hr. min.

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

10. Usual occupation **LABORER - (ENGINEER)**

11. Industry or business **Gen'l. Labor**

12. Name **Robt. Bruns - 6**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **PAULINE DRECHEN**

15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Bruns**

(b) Address **Pacific Mo.**

17. (a) **BURIAL** (b) Date thereof **12/1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific Mo.**

18. (a) Signature of funeral director **Geo. L. Schickel**

(b) Address **Pacific Mo.**

19. (a) **11-30-40** (b) **Mary Bruns**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **FRANKLIN**

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
year **1940** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 24th**, 19**40** to **Nov. 28th**, 19**40**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular**
renal disease. Duration **7 days**

Due to **Diabetes mellitus, 10 years**

Due to **Generalized Arteriosclerosis**

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

Major findings: **JA**

Of operations _____

Of autopsy _____

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? **2 1/2** (Specify type of place)

(e) Means of injury _____

23. Signature **James Bruns** (M. D. or other) _____

Address **Pacific Mo.** Date signed **11/30/40**

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

MOTHER FATHER

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

Joe L. Shubert

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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, fact should be so stated above.