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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31520

Registration District No. 297 Primary Registration District No. 30-1-6 5 414 Registrar's No. 91

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

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington. [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington Mo. - Route #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. ~~R. #1.~~ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Mary Josephine Brune.
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband John Henry Brune.
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Jan. (Month) 21st. (Day) 1865. (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	5	hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 Missouri. (State or foreign country)
10. Usual occupation House-work.
11. Industry or business x
FATHER
12. Name David Bueker.
13. Birthplace Unknown. (City, town, or county) 4 Germany. (State or foreign country)
MOTHER
14. Maiden name Unknown. Unknown.
15. Birthplace Unknown. (City, town, or county) 9 Unknown. (State or foreign country)
16. (a) Informant Henry H. Brune
(b) Address Washington, Mo. R. #1.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 30th, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt Due
(b) Address Washington, Mo. by L H Vitt
19. (a) Sept. 28, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th. year 1941. hour 5:10 minute A. M.
21. I hereby certify that I attended the deceased from July 20, 1940 to Sept 26, 1941; that I last saw her alive on Sept 25 1941, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Gall Bladder — Duration I yr

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) No
(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 0

23. Signature H F Goodrich (M. D. or other) MD
Address Washington Mo. Date signed 9-27-41

2 16 (Licensed Embalmer's Statement on Reverse Side)

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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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.