

FILED JAN 20 1942

Registration District No. **341**

Primary Registration District No. **4204**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County **Harrison**

(b) City or town **Ridgeway**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
in this community **5 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**

(c) City or town **Ridgeway** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **none** **0**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Andrew D. Bruner**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
year **1941** hour **10** minute **30** a: m.

21. I hereby certify that I attended the deceased from
Nov 14 19**38** to **May 3rd** 19**41**;
that I last saw him alive on **May 2nd** 19**41**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Ida Cox**

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

7. Birth date of deceased. **Aug. 6** **1858**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**
3rd stroke

Due to **Cerebral Hemorrhage**

Due to **old age**

8. AGE: Years Months Days If less than one day

82 **9** **0** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **retired**

12. Name **Andrew D. Bruner**

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

14. Maiden name **Miranda J. Adams**

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

16. (a) Informant **Vince Cordle**

(b) Address **Ridgeway Missouri**

17. (a) **burial** (b) Date thereof **5/10/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kirkley Chapel**

18. (a) Signature of funeral director **J. P. Pagan**

(b) Address **Ridgeway Missouri**

19. (a) **5/10/41** (b) **L. H. Bruner**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: **430**
Of operations

Of autopsy

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 **R. H. Beets, D.O.** (Name or other) **2**
Address **Ridgeway, Mo** Date signed **5/7**

Duration

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..... *J.P. Rogan*.....
Licensed Embalmer No. *2026*
P. O. Address..... *Ridgeway*.....

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.