

FILED APR 8 1942
Registration District No. **399**

Primary Registration District No. **1002**

248
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **North East Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 Minutes**
In this community **40 Minutes** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1904 Chelsea**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Katherine Bruns**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **21st**
year **1942** hour **9:30 P.M.** minute _____ M. _____

4. Sex **Female**
5. Color or race **White**
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 **3** **21** **1942**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on **March 21,** 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. **40** min.

Immediate cause of death **Premature Birth 5 1/2 to 6 mo.**
Due to **Placenta Previa**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **159**

9. Birthplace **Kansas City** **Missouri** **0**
(City, town, or county) (State or foreign country)
10. Usual occupation **none**

11. Industry or business _____
12. Name **John A. Bruns**
13. Birthplace **Kansas City** **Missouri** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Lourene Johnson**
15. Birthplace **Kansas City** **Missouri** **0**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. John A. Bruns**
(b) Address **1904 Chelsea**
17. (a) **Burial** (b) Date thereof **3-23-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

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? _____

18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **Kansas City, Mo.**
19. (a) **3-23-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Dr. Frank E. Day** (M. D. or other) **00.**
Address **4316 E. 9th St. KC, Mo.** Date signed **3-21-42**

HEALTH BOARD OF THE DISTRICT OF COLUMBIA
BUREAU OF HEALTH SERVICES

EMBALMING CERTIFICATE

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

Theron D. Redman

Licensed Embalmer No. *2737*

P. O. Address *R. C. No.*

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.