

Registration District No. 104

Primary Registration District No.

14
6
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town New Bloomfield, Mo.
 (c) Name of hospital or institution: 1 Cedar Trwp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community All of life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town New Bloomfield
 (d) Street No. _____
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Kelly Bruner
 (b) If veteran, name war None
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1942 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah Miller Bruner
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased December 18 1877
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1942 to June 28 1942
 and that I last saw him alive on June 27 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>10</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage

9. Birthplace Callaway Co., Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Merchant
 11. Industry or business Grocery store

Due to _____
 Due to _____
 Other conditions §30
 (include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Edwin Thomas Bruner
 13. Birthplace Missouri
 14. Maiden name Caroline Wood
 15. Birthplace Missouri

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

16. (a) Informant Robert B. Clatterbaugh
 (b) Address New Bloomfield, Missouri
 17. (a) Burial (b) Date thereof 6 29 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Place: burial or cremation Fulton, Missouri
 18. (a) Signature of funeral director Ray Holt
 (b) Address New Bloomfield, Missouri
 19. (a) 6-28-42 (b) Josie Morsinkhoff
 (Date received local registrar) (Registrar's signature)

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 Menas of injury _____
 23. Signature E. M. V. Bush (M. D. or other)
 Address New Bloomfield, Mo. Date signed June 28 1942

MIL 281942

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 _____

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, Ind

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.