

FILED FEB 25 1943  
Registration District No. 149

Primary Registration District No. 1002

523

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3200 W.ledge  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10-25-41-2-3-43  
(Specify whether years, months or days) 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2007 W 45<sup>th</sup>  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Bronson, Harl

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

M

5. Color or race W

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

married

6. (b) Name of husband or wife

Lily

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

65 years

7. Birth date of deceased

Aug 1 1871  
(Month) (Day) (Year)

8. AGE:

Years 71 Months 6 Days 2  
If less than one day hr. min.

9. Birthplace

Vermont  
(City, town, or county) (State or foreign country)

10. Usual occupation

School teacher

11. Industry or business

Retired

12. Name

Elna Bronson

13. Birthplace

Vermont  
(City, town, or county) (State or foreign country)

14. Maiden name

Alpha Bronson

15. Birthplace

Vermont  
(City, town, or county) (State or foreign country)

16. (a) Informant

Ester Bronson

(b) Address

2007 W. 45<sup>th</sup> KCR

17. (a)

removal  
(Burial, cremation, or removal)

(b) Date thereof

2/5/43  
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton Mo

18. (a) Signature of funeral director

Ernest Mayberry

(b) Address

9/23/15 Leniwood

19. (a)

2/4/43  
(Date received local registrar)

(b)

M. W. Brown  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1943 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 10-25-41  
to 2-3-43  
that I last saw him alive on 2-2-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

Major findings:

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?

While at work?

23. Signature

Ernest Mayberry (M. D. or other)  
Address 3200 W.ledge Date 2-3-43

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

**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.....

*Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address *K C Mo*

**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, above space should be left blank.**