V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

FILED MAR 29 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9448

Registration District No. 10 — Primary Registration District No. 3002 — Registrar's No. 41

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

4
1
2

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mexico General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rual
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#3, Laddonia, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Bruna

3. (b) If veteran, name war None — 3. (c) Social Security No. None

4. Sex Male — 5. Color or race 0 White — 6. (a) Single, widowed, married, divorced 0 Single

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

7. Birth date of deceased June 21, 1904 (Month) (Day) (Year)

8. AGE: Years 38 — Months 8 — Days 18 — If less than one day hr. min.

9. Birthplace Coalfax County, Nebraska 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Bruna
13. Birthplace Atlanic Ocean 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Veronica Wanek
15. Birthplace Nebrask a 1 (City, town, or county) (State or foreign country)

16. (a) Informant John Bruna
(b) Address Laddonia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 13, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Rapids, Neb.

18. (a) Signature of funeral director Earl E. Prestd
(b) Address Mexico, Mo.

19. (a) Mar - 13 - 43 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from March 9, 1943 to March 11, 1943 that I last saw h 12 alive on March 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralytic Ileus	7 days
Due to Strangulation of terminal ileum	8 "
Due to Richters Hernia	
Other conditions (Include pregnancy within 3 months of death) 1220	

Major findings: Of operations Strangulated terminal ileum - gangrenous -
Of autopsy

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)
(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 H. D. Hesheim (M. D. or other) [illegible]
Address Mexico Mo. Date signed 3/12/43

-333
3/29/43

1074

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1943

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.