

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

14374

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 55

Primary Registration District No. 5480

FILED MAY 12 1949  
Registration District No. 722

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

40  
0

1. PLACE OF DEATH: GRUNDY

(a) County GRUNDY

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

(c) Name of hospital or institution: TP 7 D # 6 in Trenton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Rural Trenton  
(If outside city or town limits, write "RURAL")

(d) Street No. TP 7 D # 6 in Trenton  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEROY BRENNENSTUHL

3. (b) If veteran, name war WORLD

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W

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: 4-16-43  
(Month) (Day) (Year)

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

0 0 0 hr. \_\_\_\_\_ min.

9. Birthplace TP 7 D # 6 Trenton Mo (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name H. E. F. MAN BRENNENSTUHL

13. Birthplace Grundy Co Mo (City, town, or county) (State or foreign country)

14. Maiden name CHARLES BELL

15. Birthplace Grundy Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant H. E. F. MAN BRENNENSTUHL

(b) Address TP 7 D # 6 Trenton Mo

17. (a) Burial (b) Date thereof 4-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grundy Centre

18. (a) Signature of funeral director Maxis Funeral Service

(b) Address Trenton Mo

19. (a) 4-20-43 (b) L. S. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1943 hour 20 minute PM M.

21. I hereby certify that I attended the deceased from April 16th, 1943, to April 16th, 1943  
that I last saw him alive on April 16th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumatury  
6 months

Due to Do not know

Due to \_\_\_\_\_

Duration

6 weeks

Other conditions (Include pregnancy within 3 months of death) 59

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(i) Means of injury \_\_\_\_\_

23. Signature Maxis F. [unclear] (M.D. or other) M.D.

Address Trenton Mo Date April 20th 1943

1330

(Licensed Embalmer's Statement on Reverse Side)

1947

**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.

*myself*

Signed.....

*Raymond A. Dennis*

Licensed Embalmer No.....

*3424*

P. O. Address.....

*Dunkin, 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.**