

3. No. 2
1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21105

State File No.

ED JUL 2 1943

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs MO
(c) Name of hospital or institution The State Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph C Bruner

3. (b) If veteran, name war. 1 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Louisa Ann Bruner 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan 17 1857
(Month) (Day) (Year)

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

89 6 6 0 min

9. Birthplace Shottville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Edwin Bruner

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

14. Maiden name Edwin Bruner

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Ball

(b) Address Excelsior Springs Mo

17. (a) Removal (b) Date thereof 6-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Mo

18. (a) Signature of funeral director Edwin Bruner

(b) Edwin Bruner

19. (a) 6-23-43 (b) Miss Edna Redman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Bourbon 999
(c) City or town Mapleton 14
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1942 to June 12 1943
that I last saw him alive on June 10-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiopneac disease

Due to 131a

Other conditions (Include pregnancy within 3 months of death) Thos. Treelesen MD

Major findings: Of operations PHYSICIAN
Of autopsy 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) (e) Means of injury _____

23. Signature Thos. Treelesen (M. D. or other) 6/23/43
Address Excelsior Springs Mo Date signed 6/23/43

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

RECEIVED

District Health Officer No. 8,

District File Number: _____

Date Filed 7-1-43

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 Chas Virgil Gayer
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs

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.