

SEP 7 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Weeks**
(Specify whether years, months or days)
In this community **50 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4340 Rockhill Road**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **-----**

3. (a) PRINT FULL NAME **Mr. Charles A. Bruun**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No-491-20-5814**

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

6. (b) Name of husband or wife **Mrs. Myrtle M. Bruun** 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **September 29 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **26** If less than one day **-----** hr. **-----** min.

9. Birthplace **Rock Island County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney - Retired**

11. Industry or business **Anaultus Realty Company**

12. Name **Lewis L. Bruun**

13. Birthplace **Louisville Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Bishop**

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

16. (a) Informant **Mr. James A. Bruun**

(b) Address **5987 Paseo**

17. (a) **Burial** (b) Date thereof **Aug. 27, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of **Forest Hill Cemetery**

18. (a) Signature of funeral director **D. V. Newcomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. **Aug 26, 1943** (b) **J E Brown, Reg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th** year **1943** hour **2** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **8/26/43** 19. to **-----** 19. **-----**

that I last saw him **-----** alive on **-----** 19. **-----** and that death occurred on the date and hour stated above.

Immediate cause of death **-----** Duration **-----**

Due to **Coronary Occlusion**
Due to **Carcinoma prostate**
Other conditions **51b**
(Include pregnancy within 3 months of death)

Major findings: **Ca prostate**
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? **-----**

(Specify type of place) **-----**
(e) Means of injury **-----**
3. Signature **J. Montgomery** (M. D. or other) **-----**
Address **Professor Bldg** Date signed **-----**

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

MOTHER FATHER

13 02 Professional Body

04 1981/2

STATEMENT BY LICENSED EMBALMER

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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 Emile M. Alhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.