

V. S. No. 2
 50M-5-42
 Rev. 5-17-39
 P-1 X32873

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State KANSAS (b) County Bourbon
 (c) City or town MAPLETON
(If outside city or town limits, write "RURAL")
 (d) Street No. RR
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME LOUISA JANE BRUNER
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 28
 year 1943 hour 5:30 minute P.M.
 21. I hereby certify that I attended the deceased from Last yrs
 198/28 to 19.....
 that I last saw her alive on 19.....
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Joseph C. Bruner
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased NOV 17 1959
(Month) (Day) (Year)

Immediate cause of death
 Due to Purilo nephritis
 Due to Urinary infection 10 yrs
 Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
83 9 11 hr. min.

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

10. Usual occupation House wife

11. Industry or business FARMING
 12. Name HEZEKIAH SHARP
 13. Birthplace UNKNOWN Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name SARA ANN HALL
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA SUTHERBY
 (b) Address Blue Mound, KANSAS

17. (a) Removal (b) Date thereof Aug 29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound, Kan.

18. (a) Signature of funeral director Herbert Hope
 (b) Address Excelsior Springs, Mo.

19. (a) 8-29-43 (b) Mrs. Sadie Waldman
(Date received local registrar) (Registrar's signature)

Major findings: Of operations
1330
 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
(Specify type of place) (e) Means of injury
 23. Signature Thos. Miller (M. D. or other) 8/28/43
 Address Excelsior Springs, Mo. Date signed 8/28/43

RECEIVED

District Health Officer No. 8

District File Number
Date Filed 9-2-73

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 James A. Moles

Licensed Embalmer No. 3294

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.