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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3587

Primary Registration District No. 20 44

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: 426 E 3d
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eldon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Eldon
(If outside city or town limits, write "RURAL")
(d) Street No.: 426 E 3d
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: George-Franklin-Brundege
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Perlina Brundege
6. (c) Age of ~~husband~~ or wife if alive: 88 years
7. Birth date of deceased: March (Month) - 10 (Day) - 1856 (Year)

8. AGE: Years 87 | Months 9 | Days 28 | If less than one day — hr. — min.

9. Birthplace: Saline Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Retired Rural Mail Carrier
11. Industry or business: Mail Carrier
FATHER
12. Name: Noah Brundege
13. Birthplace: - (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: White
15. Birthplace: - (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: T. M. Brundege
(b) Address: Warner Robin Ga.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Eldon Cem.
18. (a) Signature of funeral director: [illegible]
(b) Address: Eldon Mo
19. (a) Jan 8-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 8
year: 1944 hour: 1 minute: 0.57 A.M.
21. I hereby certify that I attended the deceased from 12-30, 1943 to 1/8, 1944
that I last saw him alive on 1/7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	5 da
Due to: Influenza	3 da
Due to:	
Other conditions (Include pregnancy within 3 months of death): 336	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: M. D. Walton (M. D. or other)
Address: Eldon Mo Date signed: 1/8/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 44-18
Date Filed 1-7-44

JUN 22 1944

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 Kirk M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.