

FILED MAY 11 1944

1800

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
 (Specify whether
 In this community 65 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 809 South 17th. Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anton Brunner
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 31st.
 year 1944 hour 11 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Mar. 16
 1944 to Mar. 31 1944
 that I last saw him alive on Mar. 31 1944
 and that death occurred on the date and hour stated above.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Kate Brunner
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 19 1864
 (Month) (Day) (Year)

Immediate cause of death Pneumonia
complicated by
chronic myocarditis
 Duration 1 d.
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>12</u>	hr. _____ min. _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Pickling Dept.
 11. Industry or business Swift & Co.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
93d

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Chas. A. Brunner
 (b) Address St. Joseph, Missouri
 17. (a) Burial (b) Date thereof 4/3/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

23. Signature Wm. Zesthaber (M. D. or other)
 Address Kirkwood, Mo. Date signed 4/1/44

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Faraon St., St. Joseph, Mo.
 19. (a) 4-3-44 (b) Rae Gessing
 (Date received local registrar) (Registrar's signature)

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

1233

MAY 12 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.

Signed *Albert E. Harrington*.....

Licensed Embalmer No. 5258 Missouri.....

P. O. Address St. Joseph, Missouri.....

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.