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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37915

State File No. _____
Registrar's No. **273**

Registration District No. **146**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1511 North High St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 1 Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 1511 North High St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT: FULL NAME JAMES JACKSON BRUNER
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month October day 18 th.
 year 1944 hour 8 minute 45 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 22 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 12, 1944 to Oct 18, 1944
 that I last saw him alive on Oct 13, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death _____
Coronary occlusion *sudden*
 Due to arteriosclerosis *chronic*
 Due to Diabetes *chronic*

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: 61 **PHYSICIAN** _____

11. Industry or business _____

Of operations _____
 Of autopsy

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)

16. (a) Informant Mrs Lillian Fuller

(b) Address 1511 North High St.

17. (a) Burial (b) Date thereof Oct. 20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 10-20-44 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

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 J. C. Heston (M. D. or other) _____

Address Independence Mo Date signed Oct 18

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AUG 21 1944

NEW YORK 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 *Floyd Pearson*
Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.