

FILED MAR 26 1945

Registration District No. 172

Primary Registration District No. 5629

Registrar's No. 8

1. PLACE OF DEATH:

(a) County LAWRENCE  
(b) City or town RURAL - Red Oak Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LARUSSELL Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 50 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. LARUSSELL  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25  
year 1944 hour 12:25 minute AM

21. I hereby certify that I attended the deceased from  
Dec 17 1944 to Dec 25 1944  
that I last saw him alive on Dec 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia  
Duration 1 wk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. W. S. Burney (M. D. or other) MD  
Address Miller, Mo. Date signed 12/25/44

3. (a) PRINT FULL NAME JOHN BRUNNER, SR

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 ANNA FAY BRUNNER 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 15 1853  
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business RETIRED

12. Name BRUNNER

13. Birthplace UNKNOWN Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MRS JOHN BRUNNER, SR.

(b) Address LARUSSELL - Route 1

17. (a) BURIAL (b) Date thereof 12/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director KNALL MORTUARY

(b) Address Carthage, Mo

19. (a) Nov-1-44 (b) Anna Brunner  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 343-354

Date Filed MAR 23 1945

MAY 9 1957

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 Emm a. Stuebel

Licensed Embalmer No. 391

P. O. Address Carthage

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.