

FILED JUL 31 1945
Registration District No. **22**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
446 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 30 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene **39**
(c) City or town Springfield,
(If outside city or town limits, write "RURAL") **2**
(d) Street No. 446 Cherry **6**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Frederick Bruer
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17th,
year 1945 hour 7:05 minute A. M.
21. I hereby certify that I attended the deceased from June 25, 1945
to July 7 19 45
that I last saw him alive on July 7 19 45
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial insufficiency Duration approx. 4 yrs

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Grace S. Bruer (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 20, 1872
(Month) (Day) (Year)

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

8. AGE: Years 73 Months 0 Days 27 If less than one day hr. _____ min. _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
932

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

10. Usual occupation Lumberman

11. Industry or business Lumber

12. Name W. T. Bruer

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

14. Maiden name Carrie Euberling

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

16. (a) Informant Mrs. Grace S. Bruer

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof July 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-23-45 (b) S. W. Handley
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature LeRoy B. Webb (M.D. or other)
Address Springfield, Mo. Date signed 7/23/45

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 L. A. J. Paul

Licensed Embalmer No. 3024

P. O. Address Springfield 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.