

**FILED**

JAN 5 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

53-28-4125

Registrar's No. 386

1. PLACE OF DEATH:

(a) County Lawford  
 (b) City or town Leasburg Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME WILLIAM HARRY BRUNING

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced or Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7-27-1944  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Frank W. Bruning  
 13. Birthplace Elbert Co. Colo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Leopolda Sitch  
 15. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Bruning

(b) Address Leasburg Mo

17. (a) Burial (b) Date thereof 11-12-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg Mo

18. (a) Signature of funeral director Albert C. Long

(b) Address Bourbon Mo

19. (a) 11-15-45 (b) H. J. Drinnin  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawford

(c) City or town Leasburg  
 (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10<sup>th</sup>  
 year 1945 hour 8 minute 45<sup>A</sup> M.

21. I hereby certify that I attended the deceased from 10-23, 1945, to 11-10, 1945  
 that I last saw him alive on 10-23, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death miliary Tuberculosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 220  
 Of autopsy \_\_\_\_\_

Duration

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 John Zahorsky (M. D. or other) \_\_\_\_\_  
 Address 230 N. Tayer St. Emp. Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 5,

District File Number 146-21

Date Filed 1-2-45

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 Albert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon, 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.