

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6365  
State File No.

FILED MAR 15 1946  
Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 16

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
508 E Wood 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 43 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Linn 58  
(c) City or town Brookfield 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 508 E Wood 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna J. Grun  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 10  
year 1946 hour 7 minute 45 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Jerry Grun 6. (c) Age of husband or wife if alive 69 years  
(d) Birth date of deceased Jan 27 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 46 to Feb 10 46  
that I last saw her alive on Feb 10 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 0 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Acute Cardiac dilatation  
Due to general edema  
Due to Chronic Pyelonephritis

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

Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations 1334  
Of autopsy \_\_\_\_\_

10. Usual occupation housewife  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Charlie Moore  
13. Birthplace Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Moriarty  
15. Birthplace Ireland  
(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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 2

16. (a) Informant Jerry Grun  
(b) Address Brookfield MO  
17. (a) Burial (b) Date thereof 2-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Michael Brookfield

23. Signature M. J. Lapanee (M. D. or other) Dr  
Address Brookfield, Mo Date signed 2-12-46

18. (a) Signature of funeral director Boydton General Tom  
(b) Address Brookfield Mo  
19. (a) 2-13-46 (b) Evelyn Kelly, Deputy  
(Date received local registrar) (Registrar's signature)

167 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
5332

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*Homer Bowden*

Licensed Embalmer No. ....

*3295*

P. O. Address

*Brookfield 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.**