S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12211

FILED MAY 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 507

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1205 So. 18th. St. 7
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country *

3. (a) PRINT FULL NAME Donald Lee Brundige

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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive * years

7. Birth date of deceased October (Month) 24 (Day) 1944 (Year)

8. AGE: Years 1 Months 6 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

FATHER
12. Name Charles Brundige
13. Birthplace St. Joseph (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Charlotte Heater
15. Birthplace St. Joseph (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Mr. Chas. Heater

(b) Address 1203 So. 18th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) May 1, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.H.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 27th, 1946, to viewed, 19__; that I last saw h__ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally burned When Coal Oil Stove Exploded

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident 131

(b) Date of occurrence April 26th 1946

(c) Where did injury occur? St. Joseph, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury burn

23. Signature B. W. Tadlock Coroner (M.D., or other) 3

Address King Hill Bldg. Date signed 7/29/46

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.