

FILED FEB 17 1947

Registration District No. _____

Primary Registration District No. 4173

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(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) 3
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Ollie Omo Brunell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widowed _____

6. (b) Name of husband or wife Julius Brunell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10, 1910
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Paola, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business

12. Name Colonel C. Parrett

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

14. Maiden name Ada Buckles

15. Birthplace Ft. Grove, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Huff

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 2-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, Kansas City, Mo.

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Jan. 31-47 (b) Uestal Brealman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
(c) City or town Kansas City, Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 21
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30,
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 1-30
_____, 1947 to 1-20 _____, 1947
that I last saw her alive on 5 a.m. 1-30-47
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Tuberculosis
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? _____

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

23. Signature J. C. Gurley (M. D. or other) _____
Address Ava, Mo. Date signed 1-31-47

RECEIVED

District Health Officer No. 6,
District File Number 247-222
Date Filed FEB 1 1947

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 W. B. Hutcherson

Licensed Embalmer No. 8431

P. O. Address Oran Md

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.