

FILED APR 1 1947

STANDARD CERTIFICATE OF DEATH

State File No. **8944**
 Registrar's No. **1267**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
40 Highway & Blue River 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NO**
(Specify whether years, months or days)
 In this community **5 Mo.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2537 Troost**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **BONNIE JUNE BRUNER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **515-20-7898**

4. Sex **Fem** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **6/14/1929**
(Month) (Day) (Year)

8. AGE: Years **17** Months **9** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Stroud, Okla.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Long Distance operator**

11. Industry or business **So. West. Bell. Tel. Co.**

12. Name **Charles Bruner**

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

14. Maiden name **Faye Wright**

15. Birthplace **Thayer, Kans.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Faye Bruner**

(b) Address **Ottawa, Kans.**

17. (a) **Removal** (b) Date thereof **3-20-47**
(Period, circumstances or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottawa, Kans.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **Kansas City, Mo.**

19. (a) **3-19-47** (b) **Gertrude Holmes**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **18** year **1947** hour **6:30** minute **a** M.

21. I hereby certify that I attended the deceased from **home** 19____ to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Auto Trauma**
 Due to **drowning**
 Due to **hit railing on bridge throwing car into river.**

Other conditions **1700-27**
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **yes as above**

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

27. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 133**

(b) Date of occurrence **3-18-47**

(c) Where did injury occur? **Public place**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
(Specify type of place)

(e) Means of injury **auto train**

23. Signature **James H. Walker** (M. D. or other) **3**
 Address **1424 Myrtle** Date signed **3-18-47**

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

MOTHER, FATHER

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.....

John P. Sheil

Licensed Embalmer No. *3625*

P. O. Address *K B Ho-*

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.