

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20345**

Registration District No. **711** Primary Registration District No. **3012** Registrar's No. **94**

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
913 Dunbar Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **9 years.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Clay**
(c) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 East Excelsior St /**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **OPEN KENNETH BRUNER**
(b) If veteran, name war **No.** (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June 9** day **1947**
year hour **2** minute **30 P.M.**

4. Sex **M.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **April 23, 1929**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 25 -** 1947, to **June 9 -** 1947,
that I last saw him alive on **June 9th** - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Glomerular nephritis** Duration

8. AGE: Years Months Days If less than one day
18 1 16 hr. min.

Due to **✓**
Due to **✓**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Fort Scott - Kansas**
(City, town, or county) (State or foreign country)

Major findings: Of operations **130**
Of autopsy

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **Oren C Bruner**
13. Birthplace **Hiattville - Kan.**
(City, town, or county) (State or foreign country)
14. Maiden name **Bulah V. Howerton**
15. Birthplace **St. Roscoe - Mo.**
(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?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant **Bulah V. Bruner**
(b) Address **310 East Excelsior, Ex Spgs**

17. (a) **Burial** (b) Date thereof **June 11/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blue Mound, Kansas**

18. (a) Signature of funeral director **Virgil Hope**
(b) Address **Excelsior Springs, Mo.**

23. Signature **W. Purviance M.D.** (M. D. or other)
Address **Ball Clinic** Date signed **6/10-47**

19. (a) **6/12/47** (b) **Edith L. Hutchings**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-24-47

APR 6 7 1948

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 James A. Moles
Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs

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.