

FILED JUN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21893

Registration District No. 282

Primary Registration District No. 3035

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Folk
(b) City or town Balmain
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
632 South Springfield St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Douglas Bruner

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 Married
6. (b) Name of husband or wife Josie Nella Bruner 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Sept 10 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Folk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry of business Farming

12. Name Jacob Harrison Bruner

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

14. Maiden name Marah Elizabeth Yeager

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

16. (a) Informant Mrs. J. D. Bruner

(b) Address Balmain, Mo.

17. (a) Burial (b) Date the June 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Erwin and Blue

(b) Address Balmain, Mo.

19. (a) June 20 1947 (b) Roger Gardner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Folk 84
(c) City or town Balmain (Rural) 1
(If outside city or town limits, write "RURAL")
(d) Street No. 632 South Springfield! 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 13 1947 to June 15 1947
that I last saw him alive on June 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bremia

Due to Generalized arteriosclerosis & cerebral apoplexy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83A

Of autopsy

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 0

23. Signature D. M. Moran (M. D. or other)

Address Balmain Date signed 6/18

Duration

3 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 5-47-240
Date Filed 6-23-47

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.....

Paul D. Butler....., Registered Apprentice No. *446*
working under my personal supervision.

Signed *William B. Ewing*.....

Licensed Embalmer No. *3092*

P. O. Address *Palmer, 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.