S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7784

Registration District No. 31 | Primary Registration District No. 4040 | Registrar's No. 6

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

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1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 9 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 Miles South
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Leonard August Brunjes
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Erna Brunjes
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: August 31st 1904 (Month) (Day) (Year)
8. AGE: Years 43 | Months 5 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace: Benton County (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER
12. Name: Martin Brunjes
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Anna Boettjer
15. Birthplace: Benton Conty (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant: Birtha Brunjes
(b) Address: Cole Camp Mo R # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Trinity Lutheran Cemetery
18. (a) Signature of funeral director: E L Eickhoff
(b) Address: Cole Camp Mo
19. (a) 2-16-1948 (Date received local registrar) (b) E L Eickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1948 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from Never, 19__, to Never, 19__; that I last saw him alive on about 2-10-, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart apparently — Duration
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) O
While at work? ____ (e) Means of injury: ____
23. Signature: J Reser Coroner (M. D. or other) MD
Address: Cole Camp Mo Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 2-48-2
Date Filed 3-15-48

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 E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.