

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19772

FILED JUL 13 1948  
Registration District No. 1986

Primary Registration District No. 30265568

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Crawford Convalescent Home <sup>4</sup>  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months  
(Specify whether years, months or days)

In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Independence <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1633 South Pleasant  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MANSON DYTON BRUNSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th, year 1948 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 \_\_\_\_\_

Due to arteriosclerosis <sup>yes</sup>

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Nicena Brunson alive \_\_\_\_\_ years

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 30, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 1 26 hr. \_\_\_\_\_ min.

9. Birthplace Peoria, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business \_\_\_\_\_

12. Name William D. Brunson

13. Birthplace No Data  
(City, town, or county) (State or foreign country)

14. Maiden name Abigalle Sterling

15. Birthplace No Data  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Amber N. Brunson

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 6-28-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Physician's section with handwritten signature and notes.

Underline the cause of 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 Vance E. Lind, M.D. (M-D. or other)

Address Independence, Mo Date signed 6/27/48

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

1800

48  
4  
4  
1

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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

*Stanley M. Leaton*

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.