

FILED OCT 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32215

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Camden (Adair) Mo
(b) City or town Barnumtown Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - Rural Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community year
years, months or days)

3. (a) PRINT
FULL NAMEMary Jane Bruner

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles A Bruner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 12 hr. min.

9. Birthplace Silver Lake Stan.
(City, town, or county) (State or foreign country)

10. Usual occupation house mother

11. Industry or business Dormitory Faith Bible Academy

12. Name Charles Stanford Palmer

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

14. Maiden name Sallie Ann Palmer

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

16. (a) Informant Mrs Whitman

(b) Address Camdenton Mo

17. (a) Burial (b) Date thereof Oct 10 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roach Cem

18. (a) Signature of funeral director Banks - Wooley

(b) Address Camdenton Mo

19. (a) 10-11-48 (b) E. J. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Camdenton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Faith Bible Academy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 7
Year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 1947, to September, 1948.
that I last saw her alive on September, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Inefficiency 2 yrs.
Chronic heart

Due to _____

Due to _____

Other conditions None 92B
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations _____

Of autopsy No 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? 3

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. J. Chalkley MD
Address Camdenton Mo Date signed 10-8-48

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1219
Date Filed 10-18-48

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

Obbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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.