REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28370
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 86
(b) Township Primary Registration District No. 1001 Registered No. 863
(c) City St. Joseph, (d) Street No. 1005 North 6th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 63 yrs. mos. ds.

2. PRINT FULL NAME Marie Sophia Bruns, 65 ?
(a) Residence, No. 1005 North 6th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frederick H. Bruns,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 11, 1850
7. AGE: YEARS 88, MONTHS 6, DAYS 8. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bremen, Germany, 6

FATHER
13. NAME: Diederich Kuhlman, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany, 6

MOTHER
15. MAIDEN NAME: Katherine Hungraver,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

17. INFORMANT (ADDRESS): Mrs Minnie M Brown 1007 No. 6th. Street,
18. BURIAL, CREMATION, OR REMOVAL: Wathena Kans
PLACE Belmont Cemetery DATE Aug. 21st. 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bergale & Brunner 319 So. 10th. Str. Funeral Home
20. FILED 8/20 1938 H. J. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1938, to 8/19, 1938.
I last saw her alive on 8/19, 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 8/17/38
82 M
Other contributory causes of importance:
Arterio-Sclerosis
Senility
Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Emmett F. Cook, M. D.
(Address) Phys. & Surgn. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 8/19/38

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed L. Harold Bowman

Licensed Embalmer No. 3619.

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.)