

DEC 13 1938

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

38665
Do not use this space.

PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 100 Registered No. 1175
(c) City ST. JOSEPH (d) Street No. MISSOURI, METHODIST HOSPITAL St. St.
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

656 JAMES R. BRUNER,
10TH AND BELL STREETS,
(a) Residence, No. 10TH AND BELL STREETS, St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 ROSE PEARL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 16, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 7

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. RETIRED

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) HANCOCK Co.
(STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME HENRY BRUNER
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) KENTUCKY

MOTHER 15. MAIDEN NAME TIMENDRIA GABBERT
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) KENTUCKY

17. INFORMANT O.R. BRUNER,
(ADDRESS) 10TH AND BELL ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN CEMETERY DATE Nov. 26, 1938

19. FUNERAL DIRECTOR FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Jan 26 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938, to Nov 23, 1938

I last saw him alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Heart Dis - arteriosclerotic + hypertensive
with atherosclerosis
plus nephritis
hypertrophic prostatic
Other contributory causes of importance:
Secondary disease -
121

Date of onset

Heart Dis
with
prostatic
10 yrs

Name of operation..... Date of.....
What test confirmed diagnosis? blunt 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. Greenberg, M. D.
(Address) A. H. Baugh

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

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.)