

Registration District No. **875**

Primary Registration District No. **6162**

108

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural (Washington T.P.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Years +
(Specify whether years, months or days)

In this community 11 yrs 7 mos, 12 days 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Washington T.P.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Marcus L. Brunner

8. (b) If veteran, name war _____ **8. (c) Social Security No.** Do not know

4. Sex M **5. Color or race** W **6. (a) Single, widowed, married, divorced** single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased June 17 '76
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 24 If less than one day hr. min.

9. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name A. F. Brunner

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

14. Maiden name Mary J. Justice

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

16. (a) Informant Hospo. Records
(b) Address _____

17. (a) Burial Sheldon, Mo **(b) Date thereof** 11-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Allen V. Hays
(b) Address Sheldon, Mo

19. (a) 11-10-40 **(b)** Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th year 1950 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1st 1939 to 11/10 1950
that I last saw him alive on Nov 10 1950
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the insane (Alzheimer) **Duration** 5K

Due to _____

Due to 8/5

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ **PHYSICIAN** _____
Of operations _____ Underline the cause to which death should be charged statistically.

Of 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? 795
(Specify type of place) (e) Means of injury

23. Signature A. Hopkins (M. D. or other)
Address Nevada Mo **Date signed** 11/12/50

RECEIVED

District Health Officer No. 7,
District File Number 12-40-1090
Date Filed 12-4-40

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Newada, Miss.

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, above space should be left blank.