S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 10 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41471

Registrar's No. 4864

1. PLACE OF DEATH:

(a) County: Jackson.

(b) City or town: Kansas City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3324 Baltimore. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Jackson.

(c) City or town: Kansas City.
(If outside city or town limits, write "RURAL")

(d) Street No.: 3324 Baltimore.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years. years.

3. (a) PRINT FULL NAME: William Brueser.

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Clara Brueser.

6. (c) Age of husband or wife if alive: dec. years

7. Birth date of deceased: January (Month) 7th (Day) 1852 (Year)

8. AGE: Years 88 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace: Germany. (City, town, or county) (State or foreign country)

10. Usual occupation: at home.

11. Industry or business: x

FATHER
12. Name: William Brueser.
13. Birthplace: Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sophia Temme.
15. Birthplace: Germany. (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Clara Brueser.
(b) Address: 3324 Baltimore, Kansas City, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery.

18. (a) Signature of funeral director: Stine & McClure.
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 23, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1940 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 20, 1940 to Dec. 23, 1940 that I last saw him alive on Dec. 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Lobar)	4 da
Due to: (a)	
Due to: (b)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to 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: R. P. Miller (M. D. or other)
Address: 1400 A-East 8th Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. P. Miller.
1802 E 31st

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.