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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10939

Registration District No. 404 Primary Registration District No. 5558 Registrar's No.

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

8 0 6

**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: 8109 Highland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 75 Years

**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. 8109 Highland (If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 years

3. (a) PRINT FULL NAME Mrs. Clara Morotini Bruckner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ferdnan Bruckner

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

7. Birth date of deceased October 8, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Jacob Morotini

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

MOTHER 14. Maiden name Dorethea Tegtmeier

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

16. (a) Informant Mrs. Theresa Wuerz

(b) Address 8109 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 3-25-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 1st year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 13 1941, to March 1 1941 that I last saw her alive on Feb 28 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Valvular Heart disease (Mitral Regurgitation) | 2 years |
| Due to Influenza | 6 wks |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 S. W. Fair (M. D. or ~~other~~) D

Address 404½ W 75th K City Mo Date signed 3/1/41

(Licensed Embalmer's Statement on Reverse Side)

HO 4½ West 75th St.

## 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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**