

FILED MAY 21 1942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1835

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:  
2610 E. 29th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 11 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. 2610 E. 29th  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Ollie V. Bruns

3. (b) If veteran, name war No 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 F. G. Bruns 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 18 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Fort Madison, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Oliver Orm

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

14. Maiden name Unknown

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

16. (a) Informant H. W. Bruns  
(b) Address 2610 E. 29th St.

17. (a) Burial (b) Date thereof 5-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-10-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7<sup>th</sup>  
year 1942 hour 11:02 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 8<sup>th</sup> 1942 to 5/7 1942  
that I last saw him alive on 5/7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis  
arteriosclerosis

Due to \_\_\_\_\_

Due to 94a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no

23. Signature [Signature] (M. D. or other) DO  
Address 2722 Prospect Date signed 5/8/42

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

W. H. O. Pence  
81 1288  
2722  
9-10  
Prophet

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**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 Clarence W. Chilcote  
Licensed Embalmer No. 3473  
P. O. Address 76 E 760

**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, fact should be so stated above.**