

FILED OCT 5 1942
Registration District No. 747

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Life
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. 1212 Linwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Joseph Bruening
3. (b) If veteran, name war No
3. (c) Social Security No. 495-09-5837

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 24th
year 1942 hour 1 minute 40 A. M.

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased September 24 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22
1942 to Sept 24 1942
that I last saw him alive on Sept 23 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 0 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death Long existing heart failure
Duration 5 weeks

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Contracting & Real Estate

Due to My perforation
Due to 93E

11. Industry or business _____
12. Name Theodore Bruening
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosalie Kaufmann
15. Birthplace Austria
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Vivian F. Bruening
(b) Address 1212 Linwood
17. (a) Burial (b) Date thereof 9-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 9/25/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Louise Dan (M. D. or other) _____
Address 820 prof Bldg. Date signed _____

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

0

820 Professional Bq.
Lic. 2892

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, Missouri

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.