

23726

S. No. 2
M-2.43
5-17-39
I X35597DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 6 1943

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

3054

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 General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community 24 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Edward Bruns3. (b) If veteran, name war no 3. (c) Social Security none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Belle E. Bruns 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Dec. 15, 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 6 24 hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Traveling Salesman (retired)11. Industry or business Ladies Ready to Wear12. Name William Bruns13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Don't Know15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Belle E. Bruns(b) Address 4317 Wayne, K. C. Mo.17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 12, 1943
(Month) (Day) (Year)(c) Place: burial or cremation Elmwood18. (a) Signature of funeral director Freeman Mortuary(b) Address Kansas City, Missouri19. (a) 7-12-93 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

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. 4317 Wayne
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour 11 minute 54 PM21. I hereby certify that I attended the deceased from
July 6, 1943 to July 9, 1943;
that I last saw him alive on July 9, 1943;
and that death occurred on the date and hour stated above.Immediate cause of death
congestive heart failure
cirrhosis of liver

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Thom (M. D. or other) _____

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *John E. Fessman*

Licensed Embalmer No. *481*

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, fact should be so stated above.