

FILED MAY 15 1945

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 1980

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether all its life)

In this community all its 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. 1206 West 51st St.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Stephen Everett Bruner

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 X

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

7. Birth date of deceased April 20 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 4-20
1945 to 5-3, 1945;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 13 hr. min.

Immediate cause of death Coronary Atherosclerosis
Obstruction
Bile ducts

Due to _____

Due to _____

Other conditions hypertension
(Include pregnancy within 3 months of death)

9. Birthplace K.C. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business X

MOTHER FATHER { 12. Name Phillip E. Bruner,

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

{ 14. Maiden name Marian Clark,

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

Major findings: Of operations no. Of autopsy no.

157 mm.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Phillip E. Bruner,

(b) Address 1206 W. 51st St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-5-45
(Burial, cremation, or removal) (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) 5-5-45 (b) Seraldine Holmes
(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 Harry M. Kelly (M. D. or other) _____
Address 1624 Prof. Bldg. Date signed _____

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

28
3
88

Prof. B. C. S.

Dr. Gilkey

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 *Robert H. Reed*.....

Licensed Embalmer No. *3745*.....

P. O. Address *R 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.