

STANDARD CERTIFICATE OF DEATH

State File No. **36624**
Registrar's No. **1200**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Troy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kierie Emmond Bruner

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva K. Bruner 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 21 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 20 hr. min.

9. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter and millwright

11. Industry or business _____

12. Name Abner Bruner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emmaline
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Nelson
(b) Address Kansas City, Mo.
17. (a) Removal (b) Date thereof Nov. 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Kansas
18. (a) Signature of funeral director Ed Parr
(b) Address Troy, Kansas
19. (a) Nov 13 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1945 hour 4 minute A P.M.

21. I hereby certify that I attended the deceased from 11-5-45
to 11-11-45
that I last saw h. alive on Nov 10 - 45
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Duration 6 days

Due to Fraility

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? _____

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

23. Signature Paul Jorgensen (M. D. or other) _____
Address St Joseph, Mo Date signed 11-11-45

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

MOTHER FATHER

1428

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.....

E. L. Kan

....., Registered Apprentice No.

working under my personal supervision.

Signed

E. L. Kan

Licensed Embalmer No. *3532*

P. O. Address *Tray Kansas*

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.