

FILED APR 22 1946

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 21 days
(Specify whether _____)
In this community 21 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Washington
(c) City or town Barnes
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Carl A. Bruer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 514-14-5977

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Mae Turner
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July 31 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 7 0 hr. min.

9. Birthplace Pontiac Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business _____

MOTHER FATHER { 12. Name Omar A. Bruer
13. Birthplace Pontiac Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Verna McCormack
15. Birthplace Pontiac Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Mae Bruer
(b) Address Barnes, Kansas

17. (a) Burial (b) Date thereof 3/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manle Hills Cmt.

18. (a) Signature of funeral director Secretary
Kirksville, Mo.
(b) Address _____

19. (a) 3-16-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 1
year 1946 hour 10:00 minute _____ P: M.

21. I hereby certify that I attended the deceased from Feb 9th 1946 to March 1, 1946
that I last saw h. in alive on March 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 8 months

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy 1318
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 2

23. Signature J. H. Hertzler (M. D. or other) DO
Address K. C. O. S. Hosp. Date signed 3-11-46

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

10961

RECEIVED

District Health Officer No. 10

District File Number 4-46-814

Date Filed APR 19 1946

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 J. E. Reib

Licensed Embalmer No. 4181

P. O. Address Hot Springs, Ark

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.