

No. 2
-12-45
5-17-39
1 X47070

FILED MAR 10, 1947
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 928

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:
2611 Gillham Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 66 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2611 Gillham Road
(If rural, give location) D

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MISS CLARA J BRUCKER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Feb
year 1947 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from Feb. 25, 1947, to Feb. 28, 1947
that I last saw her alive on Feb. 28, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

Immediate cause of death

Acute Rohan Pneumonia Left Chest 3 da

Due to _____

Due to _____

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

Major findings: 108

Of operations _____

Of autopsy _____

7. Birth date of deceased Oct 27 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>1</u>	hr. _____ min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Brucker

{ 13. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Lauer

{ 15. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Miss Clara Kleinboffer

(b) Address 2411 Gillham Road

17. (a) Burial (b) Date thereof 3/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wm. R. Robin

(b) Address 20 West Linwood

19. (a) 3-1-47 (b) Sheldine Holman
(Date received local registrar) (Registrar's signature)

23. Signature W. R. Robin (M. D. or other) _____

Address 624 Raymond Blvd Date Mar 10 1947

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

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..... *Maudie Adair*

Licensed Embalmer No..... *4016*

P. O. Address..... *Kansas City 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.