

S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Stamp 10234
State File No. _____
Registrar's No. 115

FILED APR 15 1947
Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1700 West 16th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(If rural, give location)

In this community _____ Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1700 West 16th St. 4
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wallis J. Bruns

3. (b) If veteran, name war _____

3. (c) Social Security No. 48-03-6771

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leda Bruns

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug. 29 1911
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>6</u>	<u>19</u>	hr. min.

9. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocer

MOTHER FATHER

12. Name Claus H. Bruns

13. Birthplace Lincoln Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Wallis

15. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wallia J. Bruns

(b) Address 1700 W. 16th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/20/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director E. D. Dillard

(b) Address Sedalia, Mo.

19. (a) 3-20-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from JANUARY 1947 to MARCH 18 1947
that I last saw him alive on MARCH 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Endocarditis, chronic Duration

Due to Rheumatic fever

Due to _____

Other conditions Pulmonary embolism
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____ ASD

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)

23. Signature C. Gordon Stauffach (M. D. or other) MD
Address Sedalia, Missouri Date signed 3-19-47

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

70
6
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-7-47

APR 19 1947

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 A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Seedalia, 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.