No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

997

State File No.

Registration District No. 949 Primary Registration District No. 102 Registrar's No. 295

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 years, months or days)
In this community: 65 years

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") 5
(d) Street No.: 2611 Gillham Road (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME: MRS. MARGARET BRUCKER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Jacob Brucker
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 28 1853 (Month) (Day) (Year)
8. AGE: Years 94 Months 6 Days ~~25~~ 24 If less than one day hr. min.
9. Birthplace: Fort Wayne (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: ****Lauer
13. Birthplace: No Record (City, town, or county) (State or foreign country) 9
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) (State or foreign country) 9
16. (a) Informant: Miss Clara Kleenhoffer
(b) Address: 2611 Gillham Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Burk-Joben Co
(b) Address: 20 West Linwood
19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month ~~22nd~~ 22 day Jan year 1948 hour 2:35 minute A M.
21. I hereby certify that I attended the deceased from Aug 1947 to Jan 22 1948, that I last saw her alive on Jan 21 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Hypostatic Pneumonia	2 da
Pulmonary Congestion	
Due to: Chronic Cardiac Failure	6 Mo
Due to: Senility	
Other conditions: Chronic Cardiovascular disease	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: 930
Of autopsy: None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: J C Lemar (M. D. or other)
Address: 1103 Grand Date signed: Jan 22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.