

Registration District No. **789**

Primary Registration District No. **1602**

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

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 MOS. (Specify whether
In this community unknown years, months or days)

3. (a) PRINT FULL NAME

Louise Bruer

(b) If veteran, name war no

3. (c) Social Security No.

497-14-7466

4. Sex Female

5. Color or race wh

6. (a) Single widowed married, divorced 2

6. (b) Name of husband or wife William H. Bruer

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Sept 21 1889
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Hastings Neb (City, town, or county) (State or foreign country)

10. Usual occupation First Federal Ins Dept

11. Industry or business

12. Name Charles Plamondon

13. Birthplace Quebec Canada (City, town, or county) (State or foreign country)

14. Maiden name Annette Morlock

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William Bruer

(b) Address 3703 Woodland

17. (a) Burial (b) Date thereof 7-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Mark J. Govers

(b) Address R. P. 270

19. (a) 7-7-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 E. 35 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1948 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1948, to July 2, 1948,
that I last saw her alive on July 2, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with metastases

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy See above

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 Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-3-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. J. J. Conroy

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 J. Conroy*
Licensed Embalmer No. *4424*
P. O. Address *K.C. 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.