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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36412**
Registrar's No. **4432**

Registration District No. **149** Primary Registration District No. **1002**

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day 7 hrs.
(Specify whether years, months or days)
 In this community 20 years

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. 3227 Norton
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Chester Arthur Brunley
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486 05 6490

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marguerite Brunley
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased December 18 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 13
 If less than one day hr. min.

9. Birthplace Bates County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business X

12. Name John Brunley

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

14. Maiden name Frozia Snow

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

16. (a) Informant Mrs. Marguerite Brunley

(b) Address 3227 Norton K. C. 3 Mo

17. (a) Burial (b) Date thereof Nov 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Wills Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-1-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 31
 year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 30 1948 to Oct. 31 1948
 that I last saw him alive on Oct. 31 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Confluent bronchopneumonia
 Duration _____
 Due to _____
 Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN
 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 Wm. W. Hart
 Signature Wm. W. Hart (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed 11-1-48

Dr. [unclear]

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..... *Chas. W. [unclear]*

Licensed Embalmer No. *2644*

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.