

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33943

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. 299  
City Kansas City (No. 1219 West 60th Terrace)

File No. 4896  
Registered No. 4896  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

WILLIAM MILLER BUNTING

(a) Residence. No. 1219 West 60th St. Terrace Ward. 15  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernestine Bainbridge Bunting

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 18, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 10 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Vice President  
(b) General nature of industry, business, or establishment in which employed (or employer) Bunting Hardware Company  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Dr. Robert Franklin Bunting

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hookstown  
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Chrissie Sharp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stuebenville  
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Ernestine B. Bunting  
(Address) 1219 West 60th St. Ter

15. FILED 10/25/29 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929, to Oct 23, 1929, that I last saw him alive on Oct 23, 1929, and that death occurred, on the date stated above, at 11 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary occlusion

94B (duration) yrs. mos. 1 ds.

CONTRIBUTOR (SECONDARY) [Signature] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) H. A. Mayhugh, M. D.

10 24, 1929 (Address) Medical Arts

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington Ceme DATE OF BURIAL 10-26-1929

20. UNDERTAKER Stine & McClure ADDRESS Wilcham Plaza 3235

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-1853

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