

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

Do not use this space.

12414

1. PLACE OF DEATH

48 County Jackson Registration District No. 396
 Township Kaw Primary Registration District No. 5552
 City Kansas City (No. Near Levasy, Missouri) St. 4 Ward

2. FULL NAME

George Herbert Bunting
 (a) Residence, No. 1212 50th St. Terrace Ward.
 (Usual place of abode)
 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 Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galveston Texas

FATHER 13. NAME Robert F. Bunting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hookstown Pennsylvania

MOTHER 15. MAIDEN NAME Chrissie Sharpe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuebenville Ohio

17. INFORMANT (ADDRESS) Geo. H. Bunting, Jr. 1212 W. 50th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE April 11, 1932

19. UNDERTAKER (ADDRESS) W. H. Bunting, 1212 W. 50th St. Terrace

20. FILED 5-10, 1932 W. H. Bunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/32

22. I do hereby CERTIFY, That I attended deceased from 1932

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

210M
(Broken neck)
Fracture of 4-5-6
vertebrae

Other contributory causes of importance:

Automobile accident

Name of operation Profundation Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 4/8/32

Where did injury occur? 1/2 mile East of Levasy
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Fracture

Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) W. H. Bunting, M. D.
 (Address) Independence, Mo

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. MAY 25 1932

CONFIDENTIAL

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 396
 Township Montrose Primary Registration District No. 3352
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 5-10 1932 N. D. M. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Broken neck
fracture of 4-5-6 cervical vertebrae
 Date of onset _____

Other contributory causes of importance:
Automobile accident
Supposed to have been asleep under the bridge and road into a shallow creek
 Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) _____, M. D.

(Address) _____

N. B. - Information of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. COMPLETE AS PRESCRIBED BY LAW. REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE...

SUPPLEMENTARY

S-12414