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.

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5
7

DEC'D FEB 21 1939

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

1703
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 101

(c) City St. Joseph — (d) Street No. 1025 Grand Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

520

2. PRINT FULL NAME INFANT BUNCH

(a) Residence, No. 1025 Grand Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1939

7. AGE YEARS MONTHS DAYS — Stillborn — If LESS than 1 day, ... hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) St. Joseph. Mo. 0

FATHER
13. NAME Clarence Bunch 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Missouri 0

MOTHER
15. MAIDEN NAME Hazel Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Unknown Missouri

17. INFORMANT (ADDRESS) Clarence Bunch 1025 Grand Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb 1, 1939

19. FUNERAL DIRECTOR (ADDRESS) Barry-Wylie Funeral Home 218 South 10th St

20. FILED 1-31, 1939 H. J. Westbrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-31-, 1939, to 1-31, 1939

I last saw h— alive on —, 19.... Death is said to have occurred on the date stated above, at 5 A.M.

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

Stillbirth
Premature —
about 6 months preg —

Date of onset

Other contributory causes of importance:

Name of operation ..... 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 ....., 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? no

If so, specify .....

(Signed) [signature], M. D.

(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

This body Was Not embalmed

I, ... Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)