

1939 JUN 8 1939

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

17571
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kansas City Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1441 Salem 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.
 526
 2. PRINT FULL NAME Jane Frances Bunger
 (a) Residence, No. 1441 Collins St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed - Hub
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19/1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 21
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Napoleon Missouri
 FATHER
 13. NAME Joseph Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lempay
 MOTHER
 15. MAIDEN NAME Nancy Stevens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Mrs. Lela E. O'Bannon 1441 Collins
 18. BURIAL, CREMATION, OR REMOVAL PLACE Archie, Mo. DATE May 17 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson Independence, Mo.
 20. FILED May 11 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1939 to May 10 1939
 I last saw h. alive on May 8 1939. Death is said to have occurred on the date stated above, at 3: A.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset 1935
 Other contributory causes of importance:
Senility
 Name of operation None Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) G. C. McCormick, M. D.
 (Address) Kansas City, 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.

1127 A-Frost
D.L.M.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.