

REC'D JUN 14 1939

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

18060

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph, Mo. (d) Street No. 311 1/2 Felix Registered No. 541
 (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 52 yrs. 1 mos. 8 ds. (f) How long in U. S., if of foreign birth? 52 yrs. 1 mos. 8 ds.

2. PRINT FULL NAME Daisy Lee (Margaret) Bundy

(a) Residence, No. 311 1/2 Felix St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 wife of Ernest Lee Bundy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Platte County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Collins Livingston
 14. BIRTHPLACE (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Martha Ann Bendurant
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mr. E. L. Bundy
 (ADDRESS) 311 1/2 Felix, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 12th, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc.
 (ADDRESS) 20th and Frederick St., Joseph

20. FILED May 14 1939 H. J. Nestlebaum
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939, to May 9, 1939

I last saw her alive on May 9, 1939, 19..... Death is said to have occurred on the date stated above, at 5:25 A.M.

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

Pulmonary Tuberculosis

Date of onset about
Feb 10, 1939

Other contributory causes of importance:
None to my knowledge

Name of operation none Date of 0
 What test confirmed diagnosis? Bacteriological Was there an autopsy? Yes

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) H. A. Robertson, M. D.
 (Address) St. Joseph, Mo

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.

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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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No.....

3986

P. O. Address.....

St Joseph

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.