

REC'D JUN 21 1939

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

19150  
Do not use this space.

1. PLACE OF DEATH

(a) County Wagon 1 Registration District No. 534  
(b) Township \_\_\_\_\_ Primary Registration District No. 4919  
(c) City New Cambria (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
536 William N. Bundren  
(Usual place of abode, if no street address, write county or city)

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 Mrs. Marie E. Bundren  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1852  
7. AGE YEARS 87 MONTHS 2 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rational mill  
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) Wagon, W. Va.

FATHER 13. NAME Beason Bundren  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon

MOTHER 15. MAIDEN NAME Mary Howell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Arthur Bundren  
Wagon, W. Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cambria, W. Va. DATE July 1st, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Gilleland  
New Cambria, W. Va.

20. FILED July 8, 1939 Ad West  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1939, to Apr 29, 1939.  
I last saw him alive on Apr 29, 1939. Death is said to have occurred on the date stated above, at 8:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Apr 19, 1939  
946  
Other contributory causes of importance: Platycten of left lung 4/19/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Obit. 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) Ad West, M. D.  
(Address) New Cambria, W. Va.

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 .....

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.**