

FILED FEB 16 1940

Registration District No. **4**

Primary Registration District No. **3001**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grim-Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 da** (Specify whether
In this community, _____
years, months or days) **1 7 39**

8. (a) PRINT FULL NAME **Gary Lynn Bunch**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Dec 19 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 17 hr. _____ min.

9. Birthplace: **Sullivan Co. Mo. U.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Leonard Bunch D**
13. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Clean Jacobs**
15. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chloe Jacobs**
(b) Address **Green City Mo**

17. (a) **Burial** (b) Date thereof **2-7-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunch Cem.**

18. (a) Signature of funeral director **Glen E. Hart**
(b) Address **Green City Mo.**

19. (a) **1-10-40** (b) **Spencer L. Deenan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan**
(c) City or town **Green City**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6**
year **1940** hour **8** minute **12** A.M.

21. I hereby certify that I attended the deceased from **2-5**
1940, to **2-6** 1940
that I last saw him alive on **2-6** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital heart disease of new-born**

Due to **1. Ductus arteriosus 2. Patent foramen ovale**

Due to _____
Other conditions **New-born**
(Include pregnancy within 3 months of death)

Major findings: **157C**
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 While at work? _____ (Specify type of place) (e) Means of injury **1**
3. Signature **J. O. King** (M. D. or other) **940**
Address **Kirkville, Mo.** Date signed **2-8-40**

Duration

2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-40-433

Date Filed FEB 13 1940

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

A. W. Wade Licensed Embalmer Registered Apprentice No. Assisting

working under my personal supervision.

Signed

Glenn E. Keit

Licensed Embalmer No. 1769

P. O. Address Green City Mo

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.