

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4943

State File No. _____

Registration District No. 849

Primary Registration District No. 6125

Registrar's No. 58

FILED FEB 1940

1. PLACE OF DEATH:

(a) County. Sullivan
(b) City or town. Rural 13 miles 1940
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Johnnie Elwood Bunch 52

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Cordelia 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased. Feb. 18 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace. Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business _____

12. Name Greenbury Bunch

13. Birthplace. Morris Township Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Leona Lewis

15. Birthplace. Mt. Pleasant Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Geo. E. Lambert

(b) Address. North Salem, Mo.

17. (a) Burial (b) Date thereof. Jan 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bunch Cemetery

18. (a) Signature of funeral director. Wesley E. Hunt

(b) Address. Green City, Mo.

19. (a) Jan 31-40 (b) Virginia Gibson
(Interreceived local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1940 hour 7 minute 11 A.M.

21. I hereby certify that I attended the deceased from July 1939 to Jan 1940
that I last saw him alive on November 24 1939
and that death occurred on the date and hour stated above.

Immediate cause of death. Angina pectoris
Duration _____

Due to _____ 94

Due to _____
Other conditions. Chronic myocarditis 1930
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.R. Martin (M. D. or other) _____
Address Browning, Mo. Date signed 1/24/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-40-220

Date Filed FEB 2 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

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

Signed Archie W. Wade

Licensed Embalmer No. 3037

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.