

No. 2
-11-10-39
-5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24074**
Registrar's No. **2684**

ED AUG 14 1940

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **4941 Wabash**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 years**
In this community **12 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
4941 Wabash
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Isaac F. Bunker** **526**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **July** day **3rd**
year **1940** hour **6** minute **40** A.M.

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Luella Bunker** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **February 24 1855**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1**, 19**40**, to **July 3**, 19**40**
that I last saw him alive on **June 5**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** Duration **1 hr**
Due to **Arteriosclerosis**
Due to _____

8. AGE: Years **85** Months **4** Days **9** If less than one day
hr. _____ min.

Other conditions **Hypertensive Hemiplegia**
(include pregnancy within 3 months of death)

9. Birthplace **Eldon Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Merchant**

Major findings: Of operations _____
Of autopsy **No Autopsy**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business **9**
12. Name **Milton Bunker**
13. Birthplace **No Record**
(City, town, or county) (State or foreign country)
14. Maiden name **" "**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. M. W. Bunker**
(b) Address **Linn Creek, Missouri**

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? _____

17. (a) **Removal** (b) Date thereof **7-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Eldon, Missouri**
18. (a) Signature of funeral director **J. W. Wagner**
(b) Address **Kansas City, Mo.**
19. (a) **July 5, 1940** (b) **M. M. Groome**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
Means of injury _____
23. Signature **Henry L. Farned** (M. D. or other)
Address **Demopolis, Mo** Date signed **7/3/40**

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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 W. R. Haunschild
Licensed Embalmer No. 4159
P. O. Address K. C. 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.