

Registration District No. 2

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County ANDREW  
(b) City or town BOLCKOW  
(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 Sixty years  
years, months or days

3. (a) PRINT

FULL NAME JOHN ISAAC CUNDIEF

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex male

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced MARRIED

6. (b) Name of husband or wife

RACHEL CUNDIEF

6. (c) Age of husband or wife if  
alive 79 years

7. Birth date of deceased JULY

(Month)

30 (Day) 1853 (Year)

8. AGE:

Years

Months

Days

If less than one day

85

9

21

hr. min.

9. Birthplace ULENBURG CO

(City, town, or county)

184 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name BRYANT CUNDIEF

13. Birthplace UNKNOWN

(City, town, or county)

KENTUCKY (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Maggare Duke

(b) Address St Joseph Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11-24-1940  
(Month) (Day) (Year)

(c) Place: burial or cremation BARNARD MO

18. (a) Signature of funeral director J. Fred Urbans

(b) Address Saran

19. (a) Nov 25, 1940  
(Date received local registrar)

(b) W. Blood  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew  
(c) City or town Bolckow  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1940 hour 7 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Nov 10, 1940, to death, 1940;  
that I last saw him alive on Nov-21-, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

(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 W. Blood (M. D. 11/23/40)  
Address Bolckow Mo Date signed 11/23/40

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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

*J. Fred Terhune*

Licensed Embalmer No. *1299*

P. O. Address

*Savannah*

**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, fact should be so stated above.**