

11-10-39  
5-17-39  
I X21492

**FEB 14 1941**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2165**

Registration District No. **157**

Primary Registration District No. **409**

Registrar's No. **7**

1. PLACE OF DEATH

(a) County **Cass**  
(b) City or town **Pleasant Hill Mo.**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **34 years**  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **CASS.**  
(c) City or town **RURAL Pleasant Hill**  
(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.

3. (a) PRINT FULL NAME **MARTIN EVERETT BUNNELL**

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 **2** **widowed**

6. (b) Name of husband or wife **Stella Bunnell** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **May 16 1866**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **HERRICK PENN.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **ANDREW BUNNELL**  
13. Birthplace **HARRISBURG PENN.**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY REZEAU**  
15. Birthplace **ELIZABETH N. J.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS FRANK STEEL**  
(b) Address **PLEASANT HILL MO.**

17. (a) **BURIAL** (b) Date thereof **JAN. 30 . 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT HILL MO.**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **PLEASANT HILL MO.**

19. (a) **Jan-30-41** (b) **Mrs. Etta M. Aldridge**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30** year **1941** hour **3:55** minute **P.M.**

21. I hereby certify that I attended the deceased from **Oct 20 1940** to **Jan 12 1941**; that I last saw him alive on **Dec 12 1940**; and that death occurred on the date and hour stated above.

Immediate cause of death **Dementia Arterio-Sclerosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

**149** (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **Pleasant Hill Mo.** Date signed **1/30/41**

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

9  
2  
0

1- [faint text]  
2- [faint text]  
3- [faint text]  
4- [faint text]

1- [faint text]  
2- [faint text]  
3- [faint text]  
4- [faint text]

MC 817C MK - WAK 7 BBSM BTA. 587 0  
STATE

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.....

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

Signed Cliff Brownfield  
Licensed Embalmer No. 3785  
P. O. Address Pleasant Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

02. 2  
1-4-41  
17-39  
K28390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2165-140

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Cass  
 (b) City or town Pleasant Hill T.P.  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Martin Everett Bummeli  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex m  
 5. Color or race w  
 6. (a) Single, widowed, married, divorced wid  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 8 11 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Jan 30 - 41 (b) Mrs. Etta M. Aldridge  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 27  
 year 1941 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Dis. to \_\_\_\_\_

Dis. to \_\_\_\_\_

Dis. to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. W. Murray (M. D. or other) \_\_\_\_\_

Address Pleasant Hill, Mo. Date signed \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MISSOURI RECORD

5-21-65

---

---

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