

Registration District No. **831**

Primary Registration District No. **6092**

Registrar's No. **9**

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Shelbyville - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Belmonte Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community about 38 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Shelby
 (c) City or town Shelbyville - Rural
 (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.? 0 years.

3. (a) PRINT FULL NAME LAURA ANN BUNNEY
 (b) If veteran, name war _____
 (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 15
 year 1941 hour 11 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Jan 15
1941, to Mar 15 1941
 that I last saw her alive on Mar 12 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married Widowed
 divorced
 6. (b) Name of husband or wife George W. Bunney
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: Sept 17 1857
 (Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis
 Due to _____
 Due to _____
 Other conditions Fractured neck of femur
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
 12. Name James Cochran
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Blair
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Geo W. Bunney Jr.
 (b) Address Shelbyville, Mo
 17. (a) Bellflower (b) Date thereof Mar 18 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellflower, Illinois

18. (a) Signature of funeral director E. P. Thompson
 (b) Address Shelbyville, Mo
 19. (a) Mar 16 41 Paul Gae
 (Date local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 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 10
 (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?
748 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature P. G. Archer (M. D. or other) 11
 Address Shelbyville Mo Date signed 3/16/41

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

1954
99

9900 AMERICAN

RECEIVED

District Health Officer No. 10

District File Number 4-41-829

Date Filed APR 14 1941

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16046

Registration District No. 831

Primary Registration District No. 6092

Registrar's No. _____

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Bledsoe, T.P.
(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 _____ years, months or days)

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 _____

3. (a) PRINT FULL NAME Laura Ann Bunnery

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

4. Sex F 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 _____ year

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 15 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death arterio Sclerosis Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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)

Other conditions (Include pregnancy within 3 months of death) Fractured neck of femur

Major findings: _____

Of operations _____

Of autopsy _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 15, 1941

(c) Where did injury occur? Shelbyville Shelby Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home - on farm

While at work? yes (Specify type of place) the farm white
(e) Means of injury _____

23. Signature P. B. Arachate (M. D. or other) _____
Address Shelbyville Mo Date signed 2-22-44

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

LOWEN; MOURN

SUPPLEMENTARY

