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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6986

Registration District No. 420 — Primary Registration District No. 5574 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural ----Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town R.R. No. 1 DeSoto, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route No. 1.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES BUNTON

3. (b) If veteran, name war No

3. (c) Social Security No. 567-05-4548

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred Snider Bunton.

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept. 18, 1893.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	4	29	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Isac Edward Bunton
13. Birthplace St. Charles Co, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nevada Carroll
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Ledbetter
(b) Address 702 Vine St. Festus Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation (Fee Fee Cem.) St. Louis Co., Mo.

18. (a) Signature of funeral director Ed Fink.
(b) Address Festus, Mo.

19. (a) 7/19/42 (Date received local registrar) (b) Herb Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17
year 1942 hour 3 PM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death By natural Causes Unknown to this Jury

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature C. L. Lemuel Acting Coroner (M.D. or other)
Address DeSoto, Mo Date signed 2/17/42

(Licensed Embalmer's Statement on Reverse Side)

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. Porvinel

Licensed Embalmer No. 3403

P. O. Address Festus M

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, fact should be so stated above.

This man had no physician at death, nor an attending physician.

The jury which held autopsy signed--
By natural causes unknown to this jury.

When I asked if they wouldn't write down what they thought caused death (as in last return of similar case, you asked for possible cause) they would not say. As they were laymen and not Doctors. The acting Coroner is not an M.D.

They said possibly heart.

Fern Spencer

S. No. 2B
DM—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

ATH

State File No. 6986

Registration District No. 7 [illegible] Primary Registration District No. [illegible] 14 Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural
(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 James Bunton

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 18 (Day) 1693 (Year)

8. AGE: Years 48 Months 4 Days 20 If less than one day min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial of cremation

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Natural Causes	
Due to In all probability cause of death was Heart failure.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93e 2	
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (c) Means of injury

23. Signature [signature] Acting Conorer (M. D. or other)

Address Date signed

SUPPLEMENTARY