

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

26
5
4

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Raymond Bunch

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 ---

6. (b) Name of husband or wife ---

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

7. Birth date of deceased July 7 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-----	-----	-----	<u>11</u> hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Bunch

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

14. Maiden name Neta Bell - Vaughn

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

16. (a) Informant Raymond Bunch

(b) Address Eldon Missouri

17. (a) Removal + Burial (b) Date thereof July 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D ooley Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Eldon Mo

19. (a) 7-8-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eldon, Missouri Rural R 3
(If outside city or town limits, write "RURAL")

(d) Street No. R 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 7-7-42, 1942, to 7-8-42, 1942;
that I last saw him alive on July 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Culmin on my Rheumatoid

Due to Prominent Birth 6th month gestation

Due to _____

Other conditions 159
(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 [Signature] (Date other) _____
Address Jefferson City Mo Date signed 7-8-42

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.....

Edwin M. Gays

Licensed Embalmer No.....

3998

P. O. Address.....

Eldon 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.