No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22540

Registration District No. 896 Primary Registration District No. 4542 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town MARSHFIELD, Mo.
(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: 112
(a) State Missouri (b) County Webster 1
(c) City or town Marshfield, Mo.
(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 Mattie Bunch
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ottie Bunch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 20 (Day) 1896 (Year)

8. AGE: Years 45 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name J. M. Young
13. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ida White
15. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Odie Bunch
(b) Address MARSHFIELD, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 2 (Day) 42 (Year)
(c) Place: burial or cremation Mt Olive Cem
18. (a) Signature of funeral director Kelley Fenell Home
(b) Address Fordland, Mo.
19. (a) 7/2/42 (Date received local registrar) (b) J. W. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 8 minute 20 a.m.
21. I hereby certify that I attended the deceased from Nov 10, 1942, to April 29, 1942; that I last saw her alive on 4/29, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to Nephritis	
Due to Chronic Myocardosis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. D. Spence (M. D. or other) 120
Address Marshfield Date signed 7/30/42

8 20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-928
Date Filed JUL 10 1942

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, Tx

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

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22540

Registration District No. 896 Primary Registration District No. 4542 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield, Mo.
(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 Mattie Bunch

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 M

6. (b) Name of husband or wife Otto

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

7. Birth date of deceased Aug (Month) 20 (Day) 1896 (Year)

8. AGE: Years 45 Months 8 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (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)

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 or 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 April day 30
year 1942 hour 8 minute 20 A.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 congestive heart failure

Due to Chronic nephritis

Due to Chronic myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131 b

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 W. D. Spencer (M. D. or other) D.O.

Address Marshfield Date signed 8/14/42

S-22540