

FILED OCT 14 1942

852381

6-1-20-4815

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

105  
0  
0

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan, 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 Mo County Sullivan

(c) City or town Milan, Rural  
(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 William Benjamin Bunch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 9 minute A M.

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 26 1869  
(Month) (Day) (Year)

Immediate cause of death Suicide by hanging self with rope

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

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

Other conditions (Include pregnancy within 3 months of death) 16 4a

8. AGE: Years 73 Months 5 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name John Bunch

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

14. Maiden name Lena Mae

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

16. (a) Informant Dora Bunch

(b) Address Milan, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Butts Cemetery

18. (a) Signature of funeral director Kingst. D.

(b) Address Milan, Mo

19. (a) Oct. 6-1942 (Date received local registrar) (b) Mrs. L. O. Green (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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

(b) Date of occurrence Sept 10 - 4:30

(c) Where did injury occur? Milan, Sullivan, Mo (City or town) (County) (State)

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

While at work? \_\_\_\_\_ (If means of injury)

23. Signature Edward L. Fidd (M. D. or other) D. O.

Address Pollock, Mo Date signed 9-15-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10.

District File Number 10-42-1935-

Date Filed OCT 13 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 Samuel C. Reggin

Licensed Embalmer No. 3792

P. O. Address Melan 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.