

FILED NOV 6 1942

Registration District No. 57

Primary Registration District No. 5207

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Dawn (rural, Hill twm.)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 yrs (Specify whether years, months or days)

In this community 64 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Dawn (rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Humphrey Nelson Bunch

3. (b) If veteran, name war none

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th  
year 1942 hour 6 minute 35a. M.

21. I hereby certify that I attended the deceased from June 19  
1942 to Oct. 7 1942  
that I last saw him alive on Sept. 21 1942  
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 3 divorced

6. (b) Name of husband or wife Cora Bunch

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 3rd 1878  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Superior Maxillary 2 years

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 64 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

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

12. Name Humphrey Bunch

13. Birthplace unknown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

Major findings: 55d

Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ernest G. Anderson

(b) Address Anacortes, Wash.

17. (a) burial (b) Date thereof 10-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetary

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 \_\_\_\_\_

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Missouri

19. (a) Oct 13, 1942 (b) Mrs Edgar Smith  
(Date received local registrar) (Registrar's signature)

23. Signature Geo. S. Dowell (M.D. or other) \_\_\_\_\_

Address Braymer Mo. Date signed Oct 12 1942

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-5-42

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

*Donald F. Neal*

Licensed Embalmer No.

*2851*

P. O. Address

*Craymer, 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.