

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 45

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

48
4
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
601 West Maple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at home
(Specify whether)

In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 601 West Maple Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna O. Bundschu

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1943 hour 6 minute a.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Anton J. Bundschu

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 12 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1933, to Feb 6 1943, that I last saw her alive on Feb 6 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>—</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Congestive heart failure Duration 3 weeks

Due to Coronary occlusion 9 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

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

10. Usual occupation House Wife

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Christian Ott Sr

13. Birthplace Niederlustaff Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mohr

15. Birthplace Dahn Rhenish Prussia Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry A Bundschu

(b) Address 601 W. Maple Ave Independence Mo

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? _____

17. (a) Burial (b) Date thereof Feb 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery Indep Mo

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

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 312 N. Main St. Independence Mo

19. (a) 2-9-1943 (b) James Wilson
(Date received local registrar) (Registrar's signature)

23. Signature D. H. Allen (M. D. or other) MD

Address Independence Mo. Date signed 2/8/43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D Mitchell

Licensed Embalmer No. 3925

P. O. Address Indepno

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.