V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17057

Registrar's No. 2205

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2612 East 40th Street 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. ANNA M. MILLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Michael

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 27th (Day) 1897 (Year)

8. AGE: Years 46 | Months 0 | Days ~~14~~ 12 | If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John G. Bunting
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Sylvester
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Michael Miller St.
(b) Address 2612 East 40 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk and Tobin Co
(b) Address 20 West Linwood, K.C., Mo.

19. (a) 5-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1943 hour 10: minute 20 P M.

21. I hereby certify that I attended the deceased from May 7, 1943 to May 9, 1943 that I last saw her alive on May 9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Arteriosclerosis with	—
Due to cerebral sclerosis	—
Early pericarditis	—
Due to Cardiac hypertrophy	
Other conditions (Include pregnancy within 3 months of death) 95c	

Major findings:
Of operations
Of autopsy As Above

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 D. M. Nigro (M. D. or other) M.D.
Address By Blaine Sherwood M.D. Date signed 5-10-43
Path. St. Joseph Hosp., K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M. Lurk

Licensed Embalmer No. 3274

P. O. Address K. C., 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.