DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED SEP 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27686

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 982

1. PLACE OF DEATH:

(a) County: Buchannan

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

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

(d) Length of stay: In hospital or institution: about 1 hour (Specify whether years, months or days)

In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchannan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 2202 Herman Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William J. Bundy

3. (b) If veteran, name war: None

3. (c) Social Security No. 488-14-0652

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Malon Bundy

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

7. Birth date of deceased: Oct. 4th, 1923 (Month) (Day) (Year)

8. AGE: Years 19 ~~20~~ Months 8 Days 23 If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Dinning Car Waiter

11. Industry or business: None

FATHER 12. Name: Fred Bundy

13. Birthplace: St. Joseph MO. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Helen Wilson

15. Birthplace: Platt City Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Helen Bundy

(b) Address: 2202 Hermon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 30/1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland

18. (a) Signature of funeral director: Ramsey And Son

(b) Address: 1602 Messanie St. St. Joseph

19. (a) 8/30/43 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 27 year: 1943 hour: 1: minute: 45 A. M.

21. I hereby certify that I attended the deceased from August 27, 1943, to 1:45 A.M., 19..; that I last saw him viewed deceased 8/27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Stab Wounds in the chest causing a fatal internal Hemorrhage — Duration

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death) Man died of internal Hemorrhage

Major findings:
Of operations: from two stab wounds in the chest while in a fight
Of autopsy: No. with another

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: Aug. 27-1943

(c) Where did injury occur: St. St. Joseph Buch. MO. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cor King Hill and MO. Ave. (Specify type of place)

While at work? No. (e) Means of injury: Pocket Knife

23. Signature: H. F. Mundy (M.D. or other) Coroner

Address: 404 So 3d Date signed: 8/29/43

(Licensed Embalmer's Statement on Reverse Side)

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DEC 3 1943
DEC 1 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph Hospital (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 William J. Bundy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 4 (Day) 1923 (Year)

8. AGE: Years 19 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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 Aug. day 27 year 1943 hour minute 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

Due to Stab wounds

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Aug 27 - 1943

(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Corner of King Hill and Missouri Ave (Specify type of place)

While at work? no (e) Means of injury Pocket knife

23. Signature H A Mundy (M. D. or other) Corner

Address 404 So 3d St Date signed 9/15/43

SUPPLEMENTARY

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

DEC 3 1943
DEC 7 1943

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