

FILED JAN 3 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 4503 Bell /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX
(Specify whether years, months or days) 20 yrs.

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. 4503 Bell ⁸
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME MISS EUNICE BUNDELLA

3. (b) If veteran, name war: XX

3. (c) Social Security No. none

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased June 8 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Michael Bundella

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

14. Maiden name Jane Smyler

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

16. (a) Informant Miss Juanita Forgey

(b) Address 4036 Locust

17. (a) Burial (b) Date thereof: 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director: J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-17-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th
year 1943 hour 4: minute 20 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to 930

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

Major findings: Of operations _____

Of autopsy negative finding

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) (Means of injury)

23. Signature: [Signature] 3 (M.D. or other) 12/17/43
Address: [Signature] Date signed: 13

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.