

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

125

FILED JAN 6 1943

Primary Registration District No. 3076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 E. Wooten St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 E. Wooten
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Elizabeth Bunker

3. (b) If veteran, name war _____

No.

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 15 1943 to Nov 18 1943 that I last saw him alive on 12/18 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to Arterio Sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy bi

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 _____
23. Signature J. M. Gater (M. D. or other) _____
Address Nevada Mo. Date signed 12/20-3

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jon. Bunker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Hogan

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Bunker

(b) Address 1001 E. Wooten St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Court

18. (a) Signature of funeral director Marion G. Bunker

(b) Address Nevada Mo.

19. (a) 12-21-43 (Date received local registrar) (b) Hazel B. Bunker (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-43-1425

Date Filed 1-5-44

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.