

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36671

FILED MAR 9 1944

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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:  
3126 East 19th Terr /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Leavenworth  
(c) City or town Lansing  
(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 2

3. (a) PRINT FULL NAME Benjamin F. Bunyan  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 27  
year 1944 hour 2 minute 55 P.M.  
21. I hereby certify that I attended the deceased from 2-25-44  
\_\_\_\_\_, 19\_\_\_\_, to 2-27-\_\_\_\_, 1944  
that I last saw him alive on 2-27-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Bunyan 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Dec 27 1877  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Artery Occlusion  
Generalized edema  
Due to \_\_\_\_\_  
Heart Failure

8. AGE: Years 72 Months 2 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
10. Usual occupation Guard at Kansas State Prison

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Zekiel Eunyan  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name No Record  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Wesley Striplin  
(b) Address 3126 East 19th Terr.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 27th 44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Ottawa Kansas

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Prof. Bledg. K.C. Mo (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 2-27-44

18. (a) Signature of funeral director Mrs. CL Forster  
(b) Address 918 Brooklyn  
19. (a) 2-27-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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

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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

*Ralph W. Runnels*

Licensed Embalmer No.

*3860*

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.

214 E. Almon