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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8777

FILED APR 1 1944 18  
Registration District No.

Primary Registration District No. 1003

State File No. 2774  
Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Trues Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 3/15/44 to 3/23/44  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Tenn. (b) County Shelby 40  
(c) City or town Memphis, Tenn.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2365 Boyle Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LYMAN BUNYARD.  
(b) If veteran, No. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 23  
year 1944 hour 5 minute 30 M.  
21. I hereby certify that I attended the deceased from 3/15 to 3/23, 1944  
that I last saw him alive on 3/22, 1944  
and that death occurred on the date and hour stated above.

4. Sex M Color or race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, separated  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased June 26 1899  
(Month) (Day) (Year)

Immediate cause of death  
Cardiac Failure  
Due to Mitral Stenosis  
Due to Pulmonary Tuberculosis  
Other conditions:  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy: No  
Duration

8. AGE: Years 44 Months 9 Days 27  
If less than one day hr. min.  
9. Birthplace Piedmont, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Car Carpenter  
11. Industry or business Railroad (Trues)

MOTHER FATHER  
12. Name Geo M. Bunyard  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Pipkin  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Jim Bunyard  
(b) Address 2365 Boyle Ave  
17. (a) Date thereof 3/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chaffee, Mo.  
18. (a) Signature of funeral director Howard Rowland  
(b) Address 4255 Washington  
19. (a) MAR 23 1944 (b) J. F. [Signature]  
(Date received by Registrar) (Registrar's signature)

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) (a) Means of injury  
23. Signature C. Carruth, Caravelli, M.D. H.D.  
Address 496 Adelaide Date signed 3/23/44  
ave - St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

MAY 19 1912

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: *Howard A. Rowland*

Licensed Embalmer No. *3114*

P. O. Address: *Charris*

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.