S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14567

FILED MAY 12 1944

Registration District No. 1947

Primary Registration District No. 3019

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution Prunell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 MIN (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett
(If outside city or town limits, write "RURAL")

(d) Street No. 913 St. Francis St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0 2

3. (a) PRINT FULL NAME Charles Odell Bunch

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

3. (c) Social Security No. 498-03-4388

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Thena Bunch

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1916 (Year)

8. AGE: Years 27 Months 4 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Charles Bunch
13. Birthplace Hornersville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Azzie Proctor
15. Birthplace Marble Hill (City, town, or county) Mo (State or foreign country)

16. (a) Informant Alvah Wilkerson
(b) Address 103 Beaton St Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Lintz Und Co
(b) Address Kennett Mo

19. (a) 4-9-44 (Date received local registrar) (b) John Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Unattended by a Physician
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in Thoracic cavity from injuries
Due to Recd when the car he was Driving struck a
Due to Light Pole
automobile accident

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.

170 c 8
27

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 16 - 1944
(c) Where did injury occur? Kennett Dunklin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway No 25 & 84 (Specify type of place)
While at work? No (e) Means of injury Car 2

23. Signature George J Gilmore Do (M. D. or other)
Address Coroner of Dunklin Co Kennett Mo Date signed 4-4-44

901 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-697
Date Filed 5-11-44

JUL 27 1955

APR 2 1946

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.