

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

FILED JUN 3 1944

State File No.

Registration District No. 117

Primary Registration District No. 4193

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Gasconade

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

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

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade ³¹

(c) City or town Hermann
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM BUNDRICK

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ida Bundrick 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: April 27 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired (farmer)

11. Industry or business

MOTHER FATHER { 12. Name Fred Bundrick

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

14. Maiden name Unknown

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

16. (a) Informant Ben Bundrick

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 5-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bundrick Farm Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) May 15, 1944 (b) A. H. Hedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from May 13, 1944, to May 13, 1944
that I last saw h. alive on May 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to.....

Due to.....

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.

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?

(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 Howard Workman (M. D. or other) 9

Address Hermann Mo Date signed 5-15-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-44

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.....
.....
working under my personal supervision.

Signed.....
Hugo H. Blum

Registered Apprentice No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.