

S. No. 2
M-2-43
7-5-17-39
1 X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28971

Registration District No. 381

Primary Registration District No. 6182

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Cora Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pleasant Hill Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Cora, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Pleasant Hill Hosp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Annie Eliza Bundridge

MEDICAL CERTIFICATION

3. (b) If veteran, name war no. 3. (c) Social Security No. _____

40. DATE OF DEATH: Month July day 9
year 1944 hour 10 minute 10 p. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: Thos Preston Bundridge dead
(Month) Oct (Day) 30 (Year) 1857

21. I hereby certify that I attended the deceased from June 20, 1944, to July 9, 1944
that I last saw her alive on July 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma right breast metastatic to lung and ribs
Due to _____ 3 1/2 yrs

8. AGE: Years 88 Months 8 Days 9 If less than one day _____ hr. _____ min.

Due to _____

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

Other conditions (Including pregnancy within 3 months of death) 50

10. Usual occupation at home on farm

Major findings: Smear Of operations _____

11. Industry or business _____

12. Name Robert Long

13. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Knifong

15. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant S. W. Bundridge

(b) Address Cora, Mo.

17. (a) Burial (b) Date thereof 7/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deep Springs, Cora

18. (a) Signature of funeral director J. Schenck Funeral Service
(b) Address Melara, Mo. F.D. Schenck

(c) Signature J. R. McArthur (Specify type of place) (e) Means of injury _____

19. (a) Aug 4, 1944 (b) Mrs L. D. Green
(Date received local registrar) (Registrar's signature)

23. Signature J. R. McArthur (M. D. or other) _____
Address Lawrence, Mo Date signed July 10

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

25
00

1190

(Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED

District Health Officer No. 10

District File Number 8-44-1478

Date Filed AUG 14 1944

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 Frank J. Schoene

Licensed Embalmer No. 2916

P. O. Address Milan, 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.