

Registration District No.

Primary Registration District No. 5016

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural #1, Monroe Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cosby
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution Not
In this community 83 years 0 months 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. Cosby
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Carlens Bunse

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry W. Bunse 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased September 30 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Sander
13. Birthplace Hanover 4 Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Thies
15. Birthplace Hanover 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Bunse
(b) Address Rural #1, Cosby, Missouri
17. (a) Burial (b) Date thereof 10/13/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 1302 Faraon, St. St. Joseph, Mo.
19. (a) 10-13-44 (b) J.A. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th.
year 1944 hour 1 minut 50 p. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1944 to Oct. 10, 1944
that I last saw her alive on Oct. 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Levulo-cerebral hemorrhage Duration 12 hrs.
Due to "Essential" hypertension 10 years.

Other conditions "Hypostatic" pneumonia 8 hrs.
(Include pregnancy within months of death)

Major findings: Of operations 83a
Of autopsy
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? (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) (e) Means of injury
23. Signature Jos. Maxwell (M. D. or other) DO.
Address Cosby, Mo. Date signed 10/11/44

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

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 *Albert R. Harrington*.....

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, Missouri.....

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.