

S. No. 2  
 OM-8-43  
 v. 5-17-39  
 I X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16775**  
 Registrar's No. **16**

**FILED MAY 17 1945**

Registration District No. **72**

Primary Registration District No. **4193**

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

**1. PLACE OF DEATH:**  
 (a) County Douglas  
 (b) City or town Ava  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Benton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Douglas  
 (c) City or town Ava  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Benton - TWP  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Louis Linzey Bunvard  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 20, 1876  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 21  
 year 1945 hour 11 minute P. M.  
 21. I hereby certify that I attended the deceased from 3-21-45 to 3-21-45  
 that I last saw him alive on 3-21-45 and that death occurred on the date and hour stated above.

**8. AGE:** Years 68 Months 6 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Smallett, Missouri 0  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer

Immediate cause of death Acute Cor. Failure  
 Due to Acute Coronary Insufficiency 2:30 p  
 Due to Hypertension 2:20  
 Other conditions Latent Insu 3:04 p  
 (Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**MOTHER** { 12. Name James E. Bunvard  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Eva Roller  
 15. Birthplace Madisonville, Tenn. 1  
 (City, town, or county) (State or foreign country)  
**FATHER** { 16. (a) Informant Ida Small  
 (b) Address Saukawa, Okla  
 17. (a) Burial (b) Date thereof 3-24-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Walnut Grove  
 18. (a) Signature of funeral director Clinkin Beard Funeral E  
 (b) Address Ava, Missouri  
 19. (a) 5-1-1945 (b) Lula Spaulock  
 (Date received local registrar) (Deputy Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 309  
 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?  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature M. C. Gentry (M. D. or other)  
 Address Ava, Mo Date signed 3-26-45

1050

RECEIVED  
District Health Officer No. 6;  
District File Number 545-594  
Date Filed MAY 15 1948

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 *W.B. Hutchinson*.....

Licensed Embalmer No. *3431*.....

P. O. Address. *Arva*.....

**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.**