

FILED JUN 14 1945

Registration District No. 112

Primary Registration District No. 2729

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Gerald, Missouri Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Entire life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gustave Fred Wm. Bunselmeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Anna Bunselmeyer 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased January 3 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	4	23	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

MOTHER, FATHER { 12. Name Henry Fred Bunselmeyer  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Elsie Overlander  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gus Bunselmeyer  
(b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof May 29, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Ernst P. Oltmann  
(b) Address Gerald, Missouri

19. (a) 5/28/45 (b) St. Owens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1945 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from 1937, 19... to 5-26, 1945  
that I last saw him alive on 5-26, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 24 hr

Due to Hypertension

Due to .....

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations none  
Of autopsy .....

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) (b) Means of injury

23. Signature Charles A. Schmitt (M. D. or other) Med  
Address Gerald, Mo Date signed 5-29-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-13-45

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 Gerald P. Oltmann

Licensed Embalmer No..... 4054

P. O. Address Gerald, 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.