

FILED MAY 9 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 102

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett, Mo
 (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.....
 In this community 42 years
 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin 35
 (c) City or town Kennett 2
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 2
 (If rural, give location)
 (e) Citizen of foreign country?..... 0
 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mintie Bundy
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 2
 year 46 hour 7 minute 30 A. M.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Bundy
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased 3 (Month) 9 (Day) 1881 (Year)

21. I hereby certify that I attended the deceased from 1944 to 4-2 1946
 that I last saw him alive on 4-3-46 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 23 hr. min.

Immediate cause of death Uremic Poisoning
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Fulton Co Ark
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

PHYSICIAN
 Underline the cause to which death should be charged statistically.
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

11. Industry or business.....
 12. Name Francis Mariott
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Ellin Scott
 15. Birthplace Ill
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, list 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.....

16. (a) Informant Josh Foster
 (b) Address Newport Ark
 17. (a) Burial (b) Date thereof 4 3 46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cem
 18. (a) Signature of funeral director Lentz Und Co.
 (b) Address Kennett, Mo
 19. (a) 4-3-1946 (b) Carl Hubbard
 (Date received local registrar) (Registrar's signature)

23. Signature T. Dempsey (M. D. or other) 23
 Address Kennett Mo Date signed 4-3-46

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

11634

RECEIVED

District Health Office No. 2,

District File Number 546-580

Date Filed 5-7-46

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

Walter A. Haworth

Licensed Embalmer No.

2002

P. O. Address

15 in nett m

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.