

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7749**
Registrar's No. **147**

FILED APR 8 1947
Registration District No. **2**

Primary Registration District No. **4009**

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

1. PLACE OF DEATH:

(a) County **Andrew**

(b) City or town **Cosby**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cosby, Mo.
(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

3. (a) PRINT FULL NAME **Eva Theresa Bunse**

3. (b) If veteran, name war **None**

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 **William H. Bunse**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **June 4 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	17	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Christian Harr**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise RRSCHKE**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **William H. Bunse**

(b) Address **Cosby, Missouri**

17. (a) **Burial** (b) Date thereof **Mar. 23, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cosby Evangelical Cemetery**

18. (a) Signature of funeral director **Halter Meierhoffer**

(b) Address **1946 Colhoun Str., St. Joseph, Mo.**

19. (a) **3-23-47** (b) **William Sparks**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**

(c) City or town **Cosby**
(If outside city or town limits, write "RURAL")

(d) Street No. **None**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**
year **1947** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 12**
1946 to **19th** **1947**
and that death occurred on the date and hour stated above.

I last saw her alive on **19th MAR** **1947**

Immediate cause of death **Carcinoma Head of Pancreas**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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)

(a) Means of injury **3**

23. Signature **William Sparks** (M. D. or other) **MD**

Address **Suwanee, Mo.** Date signed **3-22-47**

JUN 9 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....George Wingbermuehle....., Registered Apprentice No. 508 Missouri
working under my personal supervision.

Signed *Albert C. Harrington*.....

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.