

FILED DEC 12 1947

Registration District No. _____

Primary Registration District No. **2000**

Registrar's No. **332**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **401 S. High St.**
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution **one year** (Specify whether years, months or days)
In this community **one year**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**
(c) City or town **Kirkville** (If outside city or town limits, write "RURAL")
(d) Street No. **401 S. High** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **George W. Bunch**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Laura E. Bunch** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Feb. 22 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **John J. Bunch**

13. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Hilgare**

15. Birthplace **Adair Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lea W. Bunch**
(b) Address **401 S. High - Kirkville**

17. (a) **Burial** (b) Date thereof **Nov. 25, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **Charles T. Homa**
(b) Address **Kirkville Mo.**

19. (a) **12-12-47** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **23**
year **1947** hour **10:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov. 23**
1947 to **Nov. 23** **1947**
that I last saw him alive on **Nov. 23** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver**
6 mo.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **H&F**
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 **0**

23. Signature **J. H. King** (M. D. or other) **MD**
Address **Kirkville, Mo.** Date signed **12/12/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 12-47-1622
Date Filed DEC 10 1947

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, _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.