No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37903

Primary Registration District No. 5310

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Henry Co.
(b) City or town Rural Jefferson Township
(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
(Specify whether
In this community 1 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Clair 93
(c) City or town Lowry City Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clayton Irvin Bunch
3. (b) If veteran, name war W.W. I.
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eula Bunch
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 10 (Month) 20 (Day) 1895 (Year)

8. AGE: Years 52 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Lowry City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Merchant
11. Industry or business

FATHER
12. Name Wm Benjamin Bunch
13. Birthplace Lowry City St Clair Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ellen Johnson
15. Birthplace Lowry City Mo (City, town, or county) (State or foreign country)

16. (a) Informant Wm C. Bunch
(b) Address Lowry City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Clinton Mo.
19. (a) 11-15-47 (Date received local registrar) (b) R. A. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....
that I last saw h... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M.D. or other
Address Clinton Mo. Date signed 11/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 42-1321
Date Filed 11-17-47

DEC 1 1947

DEC 8 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, or by ..... working under my personal supervision. Registered Apprentice No. 434

Signed Fred W McKinney

Licensed Embalmer No. 2478

P. O. Address Clinton 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.