

FILED NOV 18 1947

Registration District No. 269

Primary Registration District No. 3043

Registrar's No. 279

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1321 E. Gordon St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1321 E. Gordon St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Gladys Bundy

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 12 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)

10. Usual occupation domestic

11. Industry or business _____

MOTHER FATHER

12. Name Herry Bundy
13. Birthplace Hannibal Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Dugan
(b) Address 1321 E. Gordon St

17. (a) Burial (b) Date thereof 10-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Church, Gus & Robert
18. (a) Signature of funeral director H. C. ...
(b) Address Hannibal Mo

19. (a) 11-12-47 (b) Dr E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1947 hour 1 minute 10 PM
21. I hereby certify that I attended the deceased from Oct 22-47 1947
to Oct 22 1947
that I last saw her alive on Oct 22-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 118
Of operations _____
Of autopsy _____

Duration _____
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? 0

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. C. ... (M. D. or other) _____
Address Hannibal Mo Date signed 10/23/47

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

Geo. E. Roberts

Licensed Embalmer No.

2113

P. O. Address

Hannibal 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.