FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22192

Primary Registration District No. 1000

Registrar's No. 742

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: two weeks (Specify whether years, months or days)

In this community: two years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Platte

(c) City or town: Rushville (rural)
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. # 1,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: THOMAS ELMER BUNDY

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

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: Louise

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: August (Month) 29, (Day) 1890 (Year)

8. AGE: Years 57 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace: Lawrence (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: C.B. & Q. R.R.

MOTHER FATHER

12. Name: B.F. Bundy

13. Birthplace: Unknown (City, town, or country) (State or foreign country)

14. Maiden name: Anna Herron

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

16. (a) Informant: Louise Bundy (wife)

(b) Address: R.F.D. # 1, Rushville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: John E. Rupp

(b) Address: 6054 Pryor Ave., City

19. (a) 7-14-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8, year 1948 hour 5 minute :00 P.M.

21. I hereby certify that I attended the deceased from 6/19/48, 19..., to 7/8/48, 19..., that I last saw him alive on 7/8/48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	26 da
Due to: –	
Due to: –	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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: H. W. Cale (M. D. ~~or other~~)

Address: 706 Frances Street, St Joseph, Mo. Date signed: 7-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1945

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.