

FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23651

Registration District No. 228

Primary Registration District No. 4344

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Bellflower Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Bellflower Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Home (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rebecca Upham Bunnel

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 Widow  
6. (b) Name of husband or wife Uzziah Bunnel 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased: 8 (Month) 13 (Day) 1859 (Year)

8. AGE: Years 89 Months 11 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Montgomery Co Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation Ret House wife

11. Industry or business General Duties

MOTHER FATHER { 12. Name James Spires  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Ann Lawson  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ivy Reynolds  
(b) Address Bellflower Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Clara Jones  
(b) Address Bellflower Mo.

19. (a) Aug 5-48 (Date received local registrar) (b) Murray Miller (Registrar's signature) data

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1948 hour 10 PM minute 15 PM

21. I hereby certify that I attended the deceased from JUNE 1948 to \_\_\_\_\_, 1948;

that I last saw her alive on July 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death  
UREMIA - with Myocardial Degeneration  
Due to Chronic Parenchymatous Nephritis  
Due to Chronic Arterio Sclerosis & Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6 mm 97  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ Means of injury 2

23. Signature William Cudde (M. D. or other) MD  
Address Montgomery City Mo Date signed 8-2-48

Duration

1WK

15 yrs

20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE CAPITAL LETTERS

RECEIVED  
District Health Officer No. 91  
District File Number  
Date Filed AUG 10 1948

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..... *Alford A Jones* .....

Licensed Embalmer No. *2978*

P. O. Address *Bellflower Cal*

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.