

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20684**
Registrar's No. **3727**

FILED SEP 25 1948
Registration District No. **49**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1209 West 59th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **65 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **BERTHA ANNE BUNKER**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, widowed **2 divorced widowed**
6. (b) Name of husband or wife **Irving L. Bunker**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 5th. 1875**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **5** If less than one day **About** hr. min.

9. Birthplace **Bradford Vermont**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Victor Bagley**

13. Birthplace **Vermont**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Shaw**

15. Birthplace **Vermont**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Richard M. Patrick**

(b) Address **1209 West 59th St. K.C., Mo.**

17. (a) **Burial** (b) Date thereof **9-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-13-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1209 West 59th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **12th**
year **1948** hour **7** minute **15 A.** M.
21. I hereby certify that I attended the deceased from **Jan 1947** to **9-12-1948**
that I last saw her alive on **9-11-1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer bowel** Duration **2 yrs**

Due to

Due to

Other conditions **4/10/2**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Means of injury

While at work? (Specify type of place) Means of injury

Signature **Steraldine Holmes** (M. D. or other)
Address **Professional Bldg** Date signed **9-13-48**

Handy Baller
1-1-84

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 Willis H. Bennett

Licensed Embalmer No. 74438

P. O. Address K. C. 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.