

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19450
2449

BIRTH NO. 79518-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2449

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> / <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 Mo. 3</u>		d. STREET ADDRESS (If rural, give location) <u>3535 Forest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3535 Forest</u>		d. STREET ADDRESS (If rural, give location) <u>3535 Forest</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherry June</u> b. (Middle) <u>Bunning</u> c. (Last) <u>Bunning</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-3-1948</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 3 MONTHS Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fraderick G. Bunning</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Jean Long</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Fraderick G. Bunning, 3535 Forest</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute meningitis (non epidemic type, undetermined)</u>		<u>48 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>meningococci (congenital)</u> DUE TO (c) <u>SPINA BIFIDA CONGENITAL</u>		<u>6 Mo</u> <u>6 Mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3 Dec, 1948, to 6 JUNE, 1949, that I last saw the deceased alive on 4 JUNE, 1949, and that death occurred at 8:50 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>800 ARRYKE BLDG - K.C. MO.</u>	23c. DATE SIGNED <u>6 JUNE 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-6-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Forster, Kansas City, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Dean Owens

Signed.....

Student Embalmer

Licensed Embalmer No. 4280

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.