

FILED JUL 18 1949

STANDARD CERTIFICATE OF DEATH

24448

State Form No. Registrar's No. 12

BIRTH NO. 299 REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 4563

1. PLACE OF DEATH a. COUNTY Reynolds b. CITY OR TOWN BUNKER c. LENGTH OF STAY 8 years d. FULL NAME OF HOSPITAL OR INSTITUTION /

2. USUAL RESIDENCE a. STATE MISSOURI b. COUNTY Reynolds c. CITY OR TOWN BUNKER d. STREET ADDRESS /

3. NAME OF DECEASED a. (First) Medie b. (Middle) None c. (Last) Ester 4. DATE OF DEATH July 2 1949

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED 8. DATE OF BIRTH May 8, 1886 9. AGE 63 1 24

10a. USUAL OCCUPATION House Wife 10b. KIND OF BUSINESS OR INDUSTRY / 11. BIRTHPLACE MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joe - PARKER 13b. MOTHER'S MAIDEN NAME Roxie - BALL 14. NAME OF HUSBAND OR WIFE Walter - Ester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Walter Ester Bunker Mo. ADDRESS

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Stroke-paralysis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334 X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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) Bunker, Reynolds, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? approximately four years

22. I hereby certify that I attended the deceased from June 30, 1949, and that death occurred at 6:00 AM., from the causes and on the date stated above.

23a. SIGNATURE L. L. Henson M.D. (Degree or title) 23b. ADDRESS Bunker, Mo. 23c. DATE SIGNED 7-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE July 3, 1949 24c. NAME OF CEMETERY OR CREMATORY Greeley-Cemetery 24d. LOCATION (City, town, or county) (State) MISSOURI

DATE REC'D BY LOCAL REG. July 8, 1949 REGISTRAR'S SIGNATURE C. M. ... FUNERAL DIRECTOR'S SIGNATURE A. ... ADDRESS Salem Mo

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

RECEIVED 7-5-49

District Health Officer No. 5,

District File Number 749492

Date Filed 7-14-49

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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.....

*Edward F. Boyles*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4553

P. O. Address Salem 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.