

FILED JUL 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20610

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 122			
1. PLACE OF DEATH a. COUNTY Jackson Co. Negro Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		3168			
d. FULL NAME OF HOSPITAL OR INSTITUTION		Old folks Home		d. STREET ADDRESS (If rural, give location)		1010 Woodland			
3. NAME OF DECEASED (Type or Print)			a. (First) Anna		b. (Middle) Bundy		c. (Last) Bundy		
4. DATE OF DEATH		(Month) (Day) (Year)		June 21, 1950					
5. SEX Fe 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
Married		June 16, 1890		9. AGE (In years last birthday)		60			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
at home		HOUSEWIFE		Neston, Mo. N		U.S.A			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
Isiah Williams			Susan Reed			Albert Bundy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME					
no		none		Mildred Thompson H.C. Mo.					
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, asthma, 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)				Myocardial infarction					
ANTECEDENT CAUSES				DUE TO (b) Hypertension					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				442A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov 1949 to June 21, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 12-329 m., from the causes and on the date stated above.									
23a. SIGNATURE S. H. Griffin, M.D.				23b. ADDRESS R. # 4 Independence		23c. DATE SIGNED 6-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		June 24, 1950		Neston, Mo.		Neston, Mo.			
DATE REC'D BY LOCAL REG. JUNE 22, 1950		REGISTRAR'S SIGNATURE Donald C. Eamshaw		378		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
						Adkins Bros. Funeral Home			

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 3 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C. Kenneth Kerford

Signed.....
Student Embalmer

Licensed Embalmer No. *4437*

P. O. Address.....

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.