

S. No. 2  
M-5-42  
5-17-39  
X32873

**FILED SEP 8 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **27464**

Registration District No. **137**

Primary Registration District No. **5505**

Registrar's No. **161**

**1. PLACE OF DEATH:**

(a) County **HENRY**  
(b) **Unich "Rural" Bogard Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **75 yrs** \_\_\_\_\_ (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Henry** **47**  
(c) City or town **"Rural"** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6 mi. N.E. of Unich** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **✓** (Yes or No) **0**  
If yes, name country \_\_\_\_\_ **✓**

3. (a) PRINT FULL NAME **LAURA BUNCH**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **mark** 6. (c) Age of husband or wife if alive **4** years  
7. Birth date of deceased **7 13 1867**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **old Westport Kansas City Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John W. Ridge**

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

14. Maiden name **Mary Brannock**

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

16. (a) Informant **Grace Dally Bunch**

(b) Address **Unich Mo R.F.D.**

17. (a) **Burial** (b) Date thereof **8-15-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Norris Cemetery**

18. (a) Signature of funeral director **Fred Wilkinson**

(b) Address **Clinton Mo**

19. (a) **Aug 14** (b) **Myrtle Browlee**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **13**  
year **45** hour **7** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **July 25**  
19**45** to **Aug 11** 19**45**  
that I last saw her alive on **Aug 11** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **America Sclerosis** Duration \_\_\_\_\_

Due to **Senility**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **none**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

23. Signature **J.W. Galbraith** (M. D. or other) **0**

Address **Unich Mo** Date signed **8-13-45**

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

002

V. VEH

RECEIVED

District Health Officer No. 71

District File Number 8-45-90 2A 90 A

Date Filed 9-6-43

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

*Fred Wilkinson*

Licensed Embalmer No.

2478

P.O. Address

*Clinton 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.