

Registration District No. **137**

Primary Registration District No. **4213**

Registrar's No. **204**

1. PLACE OF DEATH:

(a) County **Henry Co.**
(b) City or town **Montrose, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **7972** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Henry**
(c) City or town **Montrose Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Elizabeth Bundy**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month **Oct** day **3**
year **1947** hour **6 AM** minute..... M.

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 1**, 19**47** to **Oct 3**, 19**47**
that I last saw him alive on **Oct 1**, 19**47**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Dec 25 1850**
(Month) (Day) (Year)

Immediate cause of death **Heart failure, chronic myocarditis**
Due to **Bronchial asthma**

8. AGE: Years Months Days If less than one day
96 9 08 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Due to.....
Major findings: **922**

9. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

Physician **922**
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**
11. Industry or business.....
12. Name **William Sombowerg**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sumeth Bundy**
(b) Address **501 Front Corner Springs Mass**
17. (a) **BURIAL** (b) Date thereof **10 5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Montrose Mo.**
18. (a) Signature of funeral director **O. E. Schmitt**
(b) Address **Appleton City, Mo.**
19. (a) **10-4-47** (b) **R. R. Kimmey**
(Date received local registrar) (Registrar's signature)

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 **R. R. Kimmey** (M. D. or other) **MB**
Address **Appleton City, Mo.** Date signed **10-4-47**

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

42
0
0

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
9-4-7-1165
District File Number 10-6-47
Date Filed

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 Osborn Eckhoff
Licensed Embalmer No. 3942
P. O. Address Appleton City, W.

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.