

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5730

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Year Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. RC Gen Hosp Registered No. 796  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Safe Bunch 520  
(a) Residence, No. 510 W. 11th St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Bunch  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1882  
7. AGE YEARS 55 MONTHS 7 DAYS unk If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bar Tender  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms.

FATHER 13. NAME James J. Bunch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER 15. MAIDEN NAME Laura Stainbrook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) James J. Bunch  
10518 E. 19th Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES Calvary DATE 2-17-38

19. FUNERAL DIRECTOR (ADDRESS) Russ Henderson

20. FILED Feb 17 1938 J. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1938 to 2-16 38

I last saw her alive on 2-16, 1938 Death is said

to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Left Cerebral Hemorrhage  
82a

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. F. De Maria, M. D.

(Address) St. Luke Gen Hosp

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**