

REC'D FEB 24 1939

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

3057

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3079 Registered No. 6
 (c) City Wannita (d) Street No. Levering Hospital St.
 (If death occurred in Hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Rice Bunch
 (a) Residence, No. 221 North Fourth 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Fugelsman Bunch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Operator
 9. Industry or business in which work was done, as saw mill, bank, etc. B & L Building
 10. Date deceased last worked at this occupation (month and year) December, 1938 11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardsburg, Missouri

FATHER 13. NAME James Bunch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Does not know? Missouri

MOTHER 15. MAIDEN NAME Annie Hillis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Does not know Kentucky

17. INFORMANT (ADDRESS) Paul Bunch
Wannita, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet DATE December 31, 1938

19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz
Wannita, Missouri

20. FILED Jan 3, 1939 W. C. Stecker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1938, to 12-28, 1938

I last saw him alive on 12-28, 1938 Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

Carcinoma of descending colon - 4 1/2"

Date of onset
1938

Other contributory causes of importance:

Complete intestinal obstruction 12-18-38
Terminal pneumonia (bun. h.) 12-27-38

Name of operation Appendicectomy Date of 12-23-38

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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? No

If so, specify

(Signed) Funeral Director, M. D.

(Address) Wannita, Mo

STATEMENT BY LICENSED EMBALMER

I, Roy P. Schwartz, Licensed Embalmer No. 1765
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy P. Schwartz L. E.
No. 1765 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Roy P. Schwartz
Licensed Embalmer No. 1765

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.)