

350 JUN 8 1939

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

18699
Do not use this space.

1. PLACE OF DEATH
 (a) County GRUNDY Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City TRENTON (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 26 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 509 Emily Edith BUNN
 (a) Residence, No. 1610 MARLE STREET 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 FEMALE 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 Geo Bunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) Oct 20, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehland County, Ohio

FATHER 13. NAME Christian Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehland County, Ohio

MOTHER 15. MAIDEN NAME Elizabeth Secret
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rehland County, Ohio

17. INFORMANT (ADDRESS) Francis Huffing Galt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrick County, Ind. DATE 3-7-39

19. FUNERAL DIRECTOR (ADDRESS) Raymond P. Williams Trenton, Mo.

20. FILED 3-6-39 J. Fred D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to March 5, 1939
 I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Influenza with Broncho-pneumonia
 Date of onset: Feb 26 1939

Other contributory causes of importance:
Coronary Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? _____

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) D. P. Rocks _____, M. D.
 (Address) Trenton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 117

District File Number 39-569

Date Filed JUN 1 1939

STATEMENT BY LICENSED EMBALMER

I, Raymond A. Whinn, Licensed Embalmer No. 3424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Raymond A. Whinn
Licensed Embalmer No. 3424

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.)