AUG 9 1939

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

24888
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew Registration District No. 13
(b) Township Primary Registration District No. 4010 Registered No. 42
(c) City Savannah (d) Street No. Mt. Nichols Sanatorium 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 yrs. 5 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Gertie Bundridge
(a) Residence, No. Cora Mo. St. Cora Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: wife of Joseph Bun
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-13-1867
7. AGE: Years 62 | Months 1 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Milan Mo.

FATHER
13. NAME: M. B. Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Kentucky

MOTHER
15. MAIDEN NAME: Lucinda Cropodis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Kentucky

17. INFORMANT (ADDRESS): Eunera Lumsden Browning Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Milan Mo. DATE: July 19, 1939
19. FUNERAL DIRECTOR (ADDRESS): B. A. Schoene Milan Mo.
20. FILED: July 17, 1939 Mrs. Jennie Rash, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-7-1939, to 7-17-1939
I last saw her alive on 7-17-1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	1 day
5D	
Other contributory causes of importance:	
Carcinoma right breast	6 mo
Primary seat right breast	6 mo

Name of operation: growth removed Date of: 7-7-39
What test confirmed diagnosis? Suspected 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) Willard G. Stearns, M. D.
(Address) Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

No. 11
839-985
AUG 7 1959

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 wit the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
(a) County: Andrew — Registration District No.: 13
(b) Township: — Primary Registration District No.: ~~10-18~~ 4010 — Registered No.: 42
(c) City: Savannah — (d) Street No.: , 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: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mrs Bertie Bundridge
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6 - 13 - 1877 ~~1867~~

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
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):

FATHER
13. NAME:
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: 19

19. FUNERAL DIRECTOR (ADDRESS):

20. FILED Oct. 14 1939 Mrs. Jennie Rash, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7 - 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify:
(Signed) Willard A. Stearns M.D.
(Address) Savannah Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

5-24888 1939