

Registration District No. 05376

Primary Registration District No. 4720

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 29 years (Specify whether)
years, months or days 5 1/2

3. (a) PRINT FULL NAME STERLING PRICE Bunch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Bunch 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased October 13th 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 29 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Maean County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Bunch
18. Birthplace Maean County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Harriet
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie Bunch

(b) Address Armstrong Mo

17. (a) Burial (b) Date thereof Nov 12 1937
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Mo

18. (a) Signature of funeral director A. Eldredge

(b) Address Armstrong

19. (a) 11-11-39 (b) W. M. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Armstrong
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1937 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1938
Nov. 10, 1937, to Nov. 10, 1937,
that I last saw him alive on Nov 10, 1937,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____

Due to Arteriosclerosis of coronary arteries irritation of organs

Other conditions (Include pregnancy within 8 months of death) 51

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Dr. W. M. Dickerson (M.D. or other) DO
Address Armstrong Date signed Nov 11 1937

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.

RECEIVED
Health Officer No. 8,
Date Filed 12/20/39
Number

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 *A. H. O'daker*
Licensed Embalmer No. *1667*
P. O. Address *Ann Arbor, Mich*

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, above space should be left blank.