

JAN 17 1940

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

43477
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison 3 Registration District No. 338
(b) Township Sugar Creek 1 Primary Registration District No. 5474
(c) City..... (d) Street No.....
(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.

Registered No. St.

2. PRINT FULL NAME

540 Warren G. Harding Bunnell
(a) Residence, No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) Oct 7 39 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

FATHER 13. NAME Fred S. Bunnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Iowa

MOTHER 15. MAIDEN NAME Julia Bell Bunnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Iowa

17. INFORMANT (ADDRESS) Fred S. Bunnell
Gilman City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ketone DATE Dec 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. O. Haines
Gilman City Mo

20. FILED Jan 11 1940 W. O. Haines 3 (Address) Bethany, Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 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:

Accident
suffocated in Well
Date of onset
Other contributory causes of importance: 182

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 accident Date of injury Dec 7, 1939

Where did injury occur? Harrison Co. Mo.
(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 suffocated in Well

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

If so, specify

(Signed) Joe E. Wheeler Coroner

(Address) Bethany, Mo

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.

OFFICE OF THE DISTRICT HEALTH OFFICER
DISTRICT OF COLUMBIA
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 11,
140-1980

District File Number

Date Filed JAN 15 1940

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, W.D. Hoines

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W.D. Hoines

Licensed Embalmer No. 948

P. O. Address Hilman City Mo.

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.