

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.

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

**26563**  
 Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891

(b) Township Benton Primary Registration District No. 4540

(c) City Piedmont (d) Street No. 671 St.

(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 Lucy Ann Bundy

(a) Residence, No. Piedmont, Mo. St.  (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	11	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Home</u>
	10. Date deceased last worked at this occupation (month and year)	<u>July, 1925</u>
	11. Total time (years) spent in this occupation	

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

FATHER	13. NAME	<u>James Mann</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Tenn.</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>

17. INFORMANT Ted Anderson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Cemetery DATE Aug. 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman W. Gish

20. FILED 8-13-1940 T. C. Pile Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to Aug 1, 1940

I last saw her alive on Aug 1, 1940. Death is said to have occurred on the date stated above, at 6:30 A. M.

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

Sen. Debility of age  
Terminal (postural) pneumonia  
apoplexy, gross, which left her paralyzed.

Date of onset 4/2/40

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) J. H. Helms M.D. M. D.  
 (Address) Piedmont, Mo.

**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.....

*Norman W. Lish*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Norman W. Lish*  
Licensed Embalmer No. *3387*

P. O. Address *Bedmont*

**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.**