

No. 2
11-1039
5-17-59
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42616

State File No. _____

Registration District 328
JAN 29 1941

Primary Registration District No. 5461

Registrar's No. _____

1. PLACE OF DEATH

(a) County Gentry Co

(b) City or town Jefferson Township
(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) 700 E

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 2

3. (a) PRINT FULL NAMES James Torrey Bunnett

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced wid

6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Oct 7 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 13 If less than one day _____ hr _____ min.

9. Birthplace New York State
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Isaac Bunnett

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Sawyer

(b) Address Wenton Mo

17. (a) Burial (b) Date thereof Nov 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Chas Simpson

(b) Address Wenton Mo

19. (a) 11-22-40 (b) Gene D Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town Wenton Mo
(If outside city or town limits write "RURAL")

(d) Street No. Rt. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1940 hour 11 am minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 20, 1940 to Nov. 20, 1940
that I last saw him alive on Nov. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration Probab
15 yrs

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? no

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

23. Signature James Port, MO. (M. D. or other) _____
Address _____ Date signed 11/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1941

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 W. H. D. [Signature]

Licensed Embalmer No. 3109

P. O. Address Jenison 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.