

No. 2
11-10-39
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12194

State File No. _____

Registration District No. 792

Primary Registration District No. 6035

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Mapleton
(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 about 65 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Mapleton
(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.? X 1 years.

3. (a) PRINT FULL NAME James Middleton Bunker

3. (b) If veteran name war _____ 3. (c) Social Security No. 1

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Laura Virginia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Barckville, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business X

12. Name Bunker
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dean

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Bunker
(b) Address Mapleton Mo.

17. (a) Burial (b) Date thereof May 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel Church

18. (a) Signature of funeral director Complete Burial
(b) Address Mass. Mo.

19. (a) April 1, 1941 (b) C. D. Lawless
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1941 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 16
_____ 1941 to May 24, 1941
that I last saw him alive on May 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to General Semile complications

Due to _____
Other conditions 93%
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature R. W. Sturges M. D. or other 1
Address Mapleton Mo. Date signed 3-26

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

77
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-17-74

JAN 26 1945

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 *R.W. Campbell*
Licensed Embalmer No. *3469*
P. O. Address *Marshall, W.V.*

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.