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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17438

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2100

1. PLACE OF DEATH:

(a) County Jackson Missouri

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1735 Lydia
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1735 Lydia
(If rural, give location)

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

3. (a) PRINT FULL NAME Lee Bundy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) 26 (Day) 1894 (Year)

8. AGE: Years 46 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Gen Man

11. Industry or business

FATHER 12. Name Thos. Bundy

13. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Nellie

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

16. (a) Informant Alexander Bundy

(b) Address 208 S. Church, Fayette, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 1729 Lydia Street

19. (a) May 29 1941 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month day 5-20-41 year minute M.

21. I hereby certify that I attended the deceased from 19, to 19; that I last saw alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Chronic nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 [illegible] (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 B. F. Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine St.

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.