

No. 2  
1-4-41  
-17-39  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40858

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4535

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
725 East 62nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 yrs / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 725 East 62nd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If 'yes' name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1939  
19 \_\_\_\_\_ to Dec 6 19 41  
that I last saw h. alive on Dec 6 19 41  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ellen S. Bundy  
3. (b) If veteran, name war No 3. (c) Social Security No. 710

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Solon S. Bundy 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased October 26, 1846  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
95 1 10 hr. \_\_\_\_\_ min.

9. Birthplace New York 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Shubael H. Stevens

13. Birthplace Vermont 1  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Potter

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah M. Bundy

(b) Address 725 East 62nd, K.C. Mo.

17. (a) Burial (b) Date thereof 12/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Palmer

(b) Address Kansas City, Kansas

19. (a) Dec 8 1941 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_  
Due to Senility with Senile Dementia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Dr. J. J. ... (M. D. or other) 20

Address 84 ... Date signed 12/8/41

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

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**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 *James S. Duckson*  
Licensed Embalmer No. 4092  
P. O. Address *H. C. Ramon*

**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, fact should be so stated above.**