V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 31 1941

Registration District No. 678

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4404

State File No. 42729

Registrar's No.

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

81
3
0

**1. PLACE OF DEATH:**

(a) County Phelps

(b) City or town St James 11 1941
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Phelps 81

(c) City or town St. James 3 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Perry Bunce

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena Bunce

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 9 (Month) 13 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo D (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Bunce
13. Birthplace Dont (City, town, or county) Know (State or foreign country)

MOTHER
14. Maiden name Nancy S Bunce
15. Birthplace Dont (City, town, or county) Know (State or foreign country)

16. (a) Informant Lena Bunce

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W E Hickleder

(b) Address St James Mo

19. (a) 12-18-41 (Date received local registrar) (b) Elsie B. Houck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 14 year 1941 hour 1 10 minute P M.

21. I hereby certify that I attended the deceased from Dec 14 - 1941, to Dec 14 1941; that I last saw him alive on Dec 14 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | 1 hr. |
| Due to Myocarditis acute | 6 wks |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

94a

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 William H Brewer (M. D. or other)

Address St James, Mo Date signed 12/15/41

4
-23-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 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 Thomas S Helbert, Registered Apprentice No. 288, working under my personal supervision.

Signed Orell E Lickliter

Licensed Embalmer No. 3546

P. O. Address Ft Jennings

**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.**