

FILED MAY 23 1942

Registration District No. 2

Primary Registration District No. 203

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Monroe township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural #1, Cosby, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not.
(Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #1, Cosby, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile East of Cosby, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 years years.

3. (a) PRINT FULL NAME Louis Christian Bunse

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 2 years 1858 (Year)

7. Birth date of deceased February (Month) 2 (Day) 1858 (Year)
8. AGE: Years 84 Months 1 Days 20 If less than one day hr. _____ min.

9. Birthplace Waldeck Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Ludwig Bunse
13. Birthplace Waldeck Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Bunse
15. Birthplace Waldeck Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Wm Bunse
(b) Address R.R. #1, Cosby, Missouri

17. (a) Burial (b) Date thereof 4-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cosby Evangelical Cemetery

18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 4-9-42 (b) F.H. Lintchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1942 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr. 7
1942 to Apr. 7, 1942

that I last saw him alive on Apr. 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration 1 Hr.

Due to Acute Myocarditis ?

Due to Atherosclerosis ?

Other conditions 940
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature L. R. Biedenstine (M. D. or other) D.O.
Address Cosby, Mo. Date signed 4-8-42

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.....

Apr 7 - 42

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo E Daniel

Licensed Embalmer No. *3300* *Missouri*

P. O. Address..... *St. Joseph, Missouri.*

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.