V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32649

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3926

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:
218 West Brush Creek Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 7 Years
years, months or days)

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. 218 West Brush Creek Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------- 0

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3. (a) PRINT FULL NAME Mr. Mark Richards Bunting

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Dorothy Katherine Bunting

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March (Month) 1 (Day) 1889 (Year)

8. AGE: Years 53 Months 7 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Richfield County (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation Representative (Retired 6 Yrs.)

11. Industry or business Commercial Credit Co.

FATHER
12. Name Isaac Newton Bunting
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country) /

MOTHER
14. Maiden name Maude Wilson
15. Birthplace Warren (City, town, or county) Pennsylvania (State or foreign country) /

16. (a) Informant Mrs Bunting
(b) Address 218 W. Brush Creek

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/25/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 11, 1942 to Oct. 23, 1942
that I last saw him alive on Oct. 22, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the left lung	6 mon
Due to	
Due to	
Other conditions Left ventricular failure. (Include pregnancy within 3 months of death) 5 days.	

47 A

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 [signature] (M. D. or other) [signature]
Address 1408 Waldheim Bldg Date signed 10/29/42

(Licensed Embalmer's Statement on Reverse Side)

Bunting

Wm. M. Ketchan
1408 Waldheim B
1-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

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.