

S. No. 2  
M-9-4-41  
v. 5-17-39  
PI X29484

33812

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED NOV 11 1942

Registration District No. 137

Primary Registration District No. 5519

Registrar's No. 202

42  
00

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

1. PLACE OF DEATH:

(a) County Henry Co.

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

(c) Name of hospital or institution: White Oak Sup  
(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: 42

(a) State Missouri (b) County Henry

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARK STEWART BUNCH

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_

20. DATE OF DEATH: Month Oct day 30  
year 1942 hour 4:15 minute 15 P. M.

4. Sex M 5. Color of race W

21. I hereby certify that I attended the deceased from Oct - 4  
1942 to Oct. 29 1942  
that I last saw him alive on Oct. 24 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage  
Cause Paralysis  
of right side  
Due to arteriosclerosis

7. Birth date of deceased Nov. 2 1865  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
<u>76</u>	<u>7.6</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St Clair County Mo.  
(City, town, or county) (State or foreign country)

Major findings: 830

Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation retired farmer

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

12. Name Nathan Bunch

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

14. Maiden name Mary East

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

16. (a) Informant Mr J W Ewing

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-1-42  
(Burial, cremation, or other) (Month) (Day) (Year)

18. (a) Signature of funeral directors W. J. Brown

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(a) Means of injury 2

19. (a) 10-31-1942 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Galbreath (M. D. coroner)  
Address Rich 1710 Date signed 10-31-42

1007 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-92-1187

Date Filed 11-6-42

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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 P. P. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.