

No. 2  
1-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13685

FILED MAY 13 1943  
Registration District No. 42

Primary Registration District No. 1000

State File No. \_\_\_\_\_  
Registrar's No. 493

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Saint Joseph  
(c) Name of hospital or institution: Saint Joseph's Hospital  
(d) Length of stay: 4 days  
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph  
(d) Street No. 403 South 12th.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Thomas Greene Bunten  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dora Emma Bunten  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased December 30th, 1858

8. AGE: Years 84, Months 3, Days 27

9. Birthplace Rushville, Missouri

10. Usual occupation Hardware Dealer  
11. Industry or business Retail

12. Name James Vance Bunten

13. Birthplace Unknown, Indiana

14. Maiden name Ursula Flannery

15. Birthplace Unknown

16. (a) Informant Mrs. Wm. G. Bunten

(b) Address 408 South 12th. Street

17. (a) Burial (b) Date thereof 4/29/43

(c) Place of burial or cremation Armstrong Cemetery

18. (a) Signature of funeral director (b) Address 319 So. 10th Street

19. (a) Date received local registrar 4-29-43 (b) Registrar's signature Rose Hergog

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27th. year 1943 hour 12:00 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 23, 1943 to April 27, 1943 that I last saw him alive on April 26 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain

Due to Accidental fall

Due to Fracture Humerus  
Other conditions Fracture femur PAH

Major findings: Of operations 1860  
Of autopsy 10

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 131  
Date of occurrence April 23-1943  
(c) Where did injury occur 4120 N. St Joseph - Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes  
While at work? Yes (Specify type of place) City of St Joseph

23. Signature: [Signature] (M. D. or other) [Signature]  
Address 219 1/2 St Joseph Mo signed 4/27/43

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

MOTHER FATHER

**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 A. Moles.*

Licensed Embalmer No.

*3296*

P. O. Address

*St Joseph 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.**