

U. S. No. 2
Form - 9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28836

ED AUG 21 1943

State File No.

Registration District No. 236

Primary Registration District No. 5810

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Montgomery Co., Mo.

(b) City or town: Rhineland, Mo. Rural

(c) Name of hospital or institution: XX

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 76 years (Specify whether years, months or days)

In this community: 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Montgomery

(c) City or town: Rhineland, Mo. Rural

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

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

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Laura Bundrick.

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Louis Bundrick.

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

7. Birth date of deceased: March 6th 1865

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>26</u>	hr. min.

9. Birthplace: Unknown Ill.

(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Martin Wolfermann.

13. Birthplace: Unknown

(City, town, or county) (State or foreign country)

14. Maiden name: Laura Schneider.

15. Birthplace: Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant: Arthur Warner

(b) Address: Rhineland, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Aug 4th 1943

(Month) (Day) (Year)

(c) Place: burial or cremation: Bluffton, Mo.

18. (a) Signature of funeral director: Adrian Bailer

(b) Address: Amerious, Mo.

19. (a) Aug-3-43 (Date received local registrar)

(b) Mrs. Virginia Lichte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd

year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Aug 2 1943

that I last saw her alive on July 123 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure

X-Ray picture show a marked congestion of both lungs.

Probably of J.B. nature and enlargement of heart

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: 138!

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.....

23. Signature: O. B. Rauschelback (M. D. or other)

Address: Rhineland Mo Date signed: 8-3-43

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

1057

(Licensed Embalmer's Statement on Reverse Side)

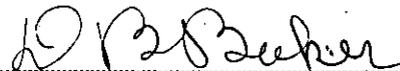
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

D. B. Baker....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No..... **3375**.....

P. O. Address..... **Americus, 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.