

FILED NOV 12 1943

Registration District No. **383**

Primary Registration District No. **5255**

1. PLACE OF DEATH:

(a) County **Laurie**
(b) City or town **Andover**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **51 days**
In this community **51 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Arthur Lee Bunch**

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 **years**

7. Birth date of deceased **April 1 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **6** If less than one day hr. min.

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

10. Usual occupation **Farm laborer**

11. Industry or business

12. Name **Bunch & Bunch**

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

14. Maiden name **Elizabeth Eaton**

15. Birthplace **Howard Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmanuel Reed**

(b) Address **Mo State San. Andover Mo**

17. (a) **Burial** (b) Date thereof **OCT 9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caton Cem.**

18. (a) Signature of funeral director **James F. Vernon**

(b) Address **10-5-43**

19. (a) **10-5-43** (b) **Lucy Crawford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Clair**
(c) City or town **Andover**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt 1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **7th**
year **1943** hour **4:10** minute **10** M.

21. I hereby certify that I attended the deceased from **17th** 19**43** to **Oct 7** 19**43**
that I last saw him alive on **Oct 7** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary tuberculosis**
Due to: **Byrd**

Other conditions: **13 1/2**
(Include pregnancy within 3 months of death)

Major findings: Of operations: **not done**
Of autopsy: **not done**

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 **J. B. Stokes, D** (M. D. or other)
Address **Mont. Vernon, Mo** Date signed **10/7/43**

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

MOTHER FATHER

RECEIVED .
District Health Officer No. 6;
District File Number 1143-1195
Date Filed NOV 3 1943

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. 2201
working under my personal supervision.

Signed H K Fossett
Licensed Embalmer No. 2201
P. O. Address McVernon 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.