

FILED APR 10 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **305**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1401 Jule Nursing Home **4**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Months**
(Specify whether years, months or days)
 In this community **32 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1601 Dewey**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Benjamin Franklin Bundy**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **12**
 year **1946** hour **8** minute **P** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed**
 (b) Name of husband or wife **Georgana**
 (c) Age of husband or wife if alive **1859** years

21. I hereby certify that I attended the deceased from **March 2**
 _____, 19**46**, to **March 8**, 19**46**
 that I last saw him alive on **March 8**, 19**46**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: **Jan 2 1859**
(Month) (Day) (Year)

Immediate cause of death
Presenquial Cerebral hemorrhage
 Due to _____
 Due to **Senility**

8. AGE: Years **87** Months **2** Days **10**
 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
83A
N.M.O.

9. Birthplace **Shelbyville, Ind.**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation **Retired Grocer (15)**
 11. Industry or business _____
 12. Name **Thomas R. Bundy**
 13. Birthplace **Ind**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha J. Unknown**
 15. Birthplace **Ind**
(City, town, or county) (State or foreign country)
 16. (a) Informant **T.E. Bundy**
 (b) Address **Rushville, Mo.**

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 _____

17. (a) **Burial** (b) Date thereof **3-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **K.P Cem. Maitland Mo**
 18. (a) Signature of funeral director **Fleeman & Son Inc.**
 (b) Address **St Joseph, Mo.**
 19. (a) **March 16 1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) _____
 Address **Kirkpatrick Bldg** Date signed **March 13 1946**

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

MOTHER FATHER

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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.....

Robert J. Gaylor

Licensed Embalmer No. *3308*

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.