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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30067

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:  
(a) County GRUNDY  
(b) City or town TRENTON  
(c) Name of hospital or institution: 1105 West Ormiller  
(d) Length of stay: In hospital or institution 55 years  
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County GRUNDY 40  
(c) City or town TRENTON 1  
(d) Street No. 2  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country -

3. (a) PRINT FULL NAME Ada BUNNELL

3. (b) If veteran name war. 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Bunnell, James A. 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased: NOV 17 1920 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 6 If less than one day hr. min.

9. Birthplace: Quincy Ill (City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOME

12. Name: FRANCES M. Bailey

13. Birthplace: mchm Ill (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth MEMAW

15. Birthplace: mchm Ill (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Jessie Garrison (b) Address: Trenton Mo

17. (a) BURIAL (b) Date thereof: Sept 25 1946 (Month) (Day) (Year)

18. (a) Signature of funeral director: J. A. & Sons (b) Address: Trenton Mo

19. (a) 9/25/46 (b) James Garrison (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months SEPT day 23 year 1946 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st 1946 to Sept 23rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris 1 day

Due to:

Due to: Chronic Myocarditis 1 year

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: A3D

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) (b) Means of injury  
23. Signature: Charles F. Duffy (M. D. or other) Date signed: Sept 24 1946

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*Donald H. Slater*..... Registered Apprentice No. *422*  
working under my personal supervision.

Signed *Raymond A. Dennis*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Juntura, 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.