

No. 2
12-45
17-39
X47070

FILED NOV 5 1947

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 356

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town FLUINS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County St. Francois 94
(c) City or town FLUINS 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Bunch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David Bunch 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 11 1853
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 7 If less than one day hr. min.

9. Birthplace St. Francois County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Bartley

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alfred Short

(b) Address Dismarck, 170 N. 1

17. (a) Burial (b) Date thereof Oct 20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn ceme

18. (a) Signature of funeral director Sparks

(b) Address Flat River Mo

19. (a) 10-25-47 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th
year 1947 hour 12:35 minute _____ A.M.
21. I hereby certify that I attended the deceased from Oct 13
1947 to Oct 18, 1947
that I last saw her alive on Oct 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chd myeloiditi Duration _____

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: 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 0

23. Signature C H English M.D. or other MD

Address 7 East River MO Date signed 10-20-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1147-1392
Date Filed 11-4-47

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 Murphy La Sparks
Licensed Embalmer No. 4236
P. O. Address Hot River, 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.