

Registration District No. 374

Primary Registration District No. 6294

Registrar's No. 69

1. PLACE OF DEATH:
 (a) County Worth
 (b) City or town Rural Greene Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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)
 In this community 66 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Worth
 (c) City or town 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 _____

3. (a) PRINT FULL NAME William Ridge Bunker
 3. (b) If veteran, name war _____ 3. (c) Social Security 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 15 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Exeter England
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name John Bunker
 13. Birthplace unknown England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Richards
 15. Birthplace unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Carnet Bunker
 (b) Address Grant City, Mo

17. (a) burial (b) Date thereof 11-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo

18. (a) Signature of funeral director Arch C. Bunker
 (b) Address Grant City, Mo

19. (a) Nov 13 1947 (b) Heta E. Duvain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
 year 1947 hour 9 minute 50 A.M.
 21. I hereby certify that I attended the deceased from 11-4 to 11-6 1947
 that I last saw ~~her~~ him alive on 11-6 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration 4 Days

Due to ✓

Due to ✓

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

Major findings: 94A
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 S. J. Rasmussen
(M. D. or other)

Address Grant City, Mo Date signed 11-7-47

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

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arch C. Dunfee*

Licensed Embalmer No..... *31252*

P. O. Address..... *Grant City, 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.