

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4671

State File No. _____
Registrar's No. **555**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 555	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 912 Independence Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				3. NAME OF DECEASED a. (First) AL b. (Middle) _____ c. (Last) BUNDY			
4. DATE OF DEATH JANUARY 25 1951		5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH FEBRUARY 8 1888		9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) PLATTE CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WASH BUNDY		13b. MOTHER'S MAIDEN NAME MARY BUNDY	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 429-24-9506		17. INFORMANT'S SIGNATURE OR NAME GEORGIA BUNDY	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO PNEUMONIA</u> 2. OTHER SIGNIFICANT CONDITIONS <u>PULMONARY TUBERCULOSIS (per X-ray)</u> 3. <u>CACHEXIA</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>12-30</u> , 19 <u>50</u> to <u>1-25</u> , 19 <u>51</u> that I last saw the deceased alive on <u>1-25</u> , 19 <u>51</u> and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.		23a. SIGNATURE Frank Ellis (Degree or title) _____	
23b. ADDRESS 600 East 22n Street		23c. DATE SIGNED 1-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-6-51	
24c. NAME OF CEMETERY OR CREMATORY WEST LAWN		24d. LOCATION (City, town, or county) (State) K.P., KANS.		DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN		ADDRESS K.P., MO		(Licensed Embalmer's Statement on Reverse Side)			

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

3038

101XA

1708 TRACY

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.