

FILED FEB 24 1956

BIRTH NO.

REG. DIST. NO. 338

PRIMARY REG. DIST. NO. 6115

Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston,		c. LENGTH OF STAY (in this place) 2yr		c. CITY OR TOWN Sikeston,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural R.F.D. 1				e. STREET ADDRESS (If rural, give location) R.F.D. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Bessie		b. (Middle) XXXX XX		c. (Last) Bunch		4. DATE OF DEATH (Month) (Day) (Year) Feb, 9, 1956			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May, 5, 1883			
9. AGE (In years last birthday) 73		10. MONTHS 9		11. YEAR 3		12. ORDER IN HRS. Hours 3 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife					
11. BIRTHPLACE (City and State or Foreign Country) Arkansas				12. CITIZEN OF WHAT COUNTRY? U, S, A					
13a. FATHER'S NAME James Boldin			13b. MOTHER'S MAIDEN NAME Sarah Boldin			14. NAME OF HUSBAND OR WIFE Widowed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX		16. SOCIAL SECURITY NO. (If you, give war or date of service) XXXX		17. INFORMANT'S SIGNATURE OR NAME Georgia Coleman		ADDRESS Sikeston, R, 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x							
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) (Min.)		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 12-22, 1955, to 2-9, 1956 , that I last saw the deceased alive on 2-8, 1956 and that death occurred at 1:00 PM from the causes and on the date stated above.									
23a. SIGNATURE (Degree, or title) Shepherd M. Rivers, D.C.				23b. ADDRESS Box 112 Bell City, Mo.		23c. DATE SIGNED 2-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-56		24c. NAME OF CEMETERY OR CREMATORY Smith West End Court		24d. LOCATION (City, town, or county) (State) W. of Sikeston, Mo			
DATE REC'D BY LOCAL REG. 2-14-56		REGISTRAR'S SIGNATURE Mrs. Ellen Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith		ADDRESS 1212 Main St.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 256.44

9561 I NPP

FEB 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Fred J. Smith
Licensed Embalmer No. 440

P. O. Address St. Keaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.