

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**FILED JAN 25 1941**

**43654**

**1. PLACE OF DEATH**

County Ray Registration District No. 742  
 Township Palp Primary Registration District No. 5977a  
 City Elmina (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Ray St. W. Rural Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Bogart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18 - 1856</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
13. NAME <u>Thomas Bunker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Kezia Kendall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Harley Beech</u> (ADDRESS) <u>Laurel mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsburgh</u> DATE <u>12-14</u> 19 <u>40</u>		
19. UNDERTAKER <u>Mason's Funeral Home</u> (ADDRESS) <u>Junction mo.</u>		
20. FILED <u>Dec. 14</u> 19 <u>40</u> <u>E. Edwin Beech</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1940

22. I HEREBY CERTIFY That I attended deceased from March 1939, to Dec. 12 1940.  
 I last saw her alive on July 1940. Death is said to have occurred on the date stated above, at 7:15A.  
 The principal cause of death and related causes of importance were as follows:  
Essential Hypertension  
Chronic Myocarditis  
Cardiac Failure

Other contributory causes of importance: 93C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Oliver E. Buehler, M. D.  
 (Address) Laurel

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Marshal Officer No. 8,  
District File Number 1-10-41  
Date Filed

*Sw Ackersmith*  
*License no. 597*  
*Excelsior Springs, Mo.*