

FILED NOV 9 1948

State File No.

Registration District No. 310

Primary Registration District No. 3059

Registrar's No. 345

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Booneville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Booneville State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Booneville
(If outside city or town limits, write "RURAL")

(d) Street No. 417 E. St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME THEODORE LOUIS BUNTE

3. (b) If veteran, ✓ name war.....

3. (c) Social Security No. 490-03-1551

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Rose Amelia Bunte

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 27 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Theodore Louis Bunte

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

14. Maiden name Waltham, Mary

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

16. (a) Informant Mary Bunte

(b) Address 417 E. St Booneville Mo

17. (a) Burial (b) Date thereof Nov 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. Cemetery

18. (a) Signature of funeral director Perham & Co.

(b) Address 313 Easton Booneville Mo

19. (a) 11-5-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 at
year 1948 hour 8 minutes 30 P M.

21. I hereby certify that I attended the deceased from Oct 28,
1948, to Oct 31 1948.

that I last saw him alive on Oct 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Duration 3 months

Due to Carcinoma of Prostate 4 years

Due to.....

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

PHYSICIAN

Major findings:
Of operations 51B

Of autopsy.....

Underline the cause of 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?.....
(Specify type of place)

While at work?..... (b) Means of injury.....

23. Signature Charles E. Sutton (M. D. or other)

Address 11 Elm St Booneville Missouri Date signed Nov 5, 1948

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

MOTHER FATHER

RECEIVED

1th Officer No. 4
Number 1148-138
11-8-48

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

Clarence J. Laywell

Licensed Embalmer No. 3706

P. O. Address

Bonne Terre 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.