

REC'D MAY 10 1939

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

14021

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1775
(c) City Kansas City (d) Street No. 1410 E. 30th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Catherine Bonkowski
(a) Residence, No. 1410 E. 30th St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Bonkowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Washed & dined
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Jan 19 1933 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacompton, Kan

13. NAME Jacob Alberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grabece

15. MAIDEN NAME Barbara Haas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Alice Hetrich
1410 E. 30th

18. BURIAL, CREMATION, OR REMOVAL PLACE Teamwork DATE Apr 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O'Donnell Mue Co
Teamwork Kansas

20. FILED Apr 28 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Apr 28, 1939
I last saw her alive on Apr 28, 1939 Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

Heart Failure
Chronic Myocarditis
Diabetes Mellitus
Date of onset 59

Other contributory causes of importance Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis Blood sugar 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) E. F. Base (Address) Lakewood Hospital

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.

I 14021

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 _____

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, above space should be left blank.