

Registration District No. **796**
Primary Registration District No. **3038**

1. PLACE OF DEATH: **2**
(a) County **Saline**
(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clemens August Bonen**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Sanger**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Feb. 6 1868**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **23**
If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business
12. Name **Henry Bonen**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Bonen**
(b) Address **Marshall Mo.**

17. (a) **Burial** (b) Date thereof **Oct 3 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Don Shatt**
(b) Address **Marshall Mo.**

19. (a) **10-30-39** (b) **Mary Kent**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **West North st**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **✓** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **29**
year **1939** hour minute **4:20 A.M.**
21. I hereby certify that I attended the deceased from **18** to **Oct 29 1939**
that I last saw **him** alive on **Oct 29 1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
Duration **7**
Due to **930**
Due to **?**
Other conditions **Hyperthymia**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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?

23. Signatures **Mary Bonen** (M. D. or other) **10/30/39**
Address **Marshall** Date signed **10/30/39**

WHILE FLAUNTI—USE UNFADING BLACK INK—MAKE 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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/14/39

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

Ronald W. Short, Registered Apprentice No. _____
working under my personal supervision.

Signed Ronald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall, 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, above space should be left blank.