No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1940

Registration District No. 404

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5558

State File No. 2 2632

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Jackson Washington Twp 3

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

(c) Name of hospital or institution: 7842
K.C. Convalescent Home Wornall Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 36 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town K.C. Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 812 East 44th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mrs Avonia Bonney Bridger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. William Bridger

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Osceola (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

FATHER
12. Name Charles W. Bonney
13. Birthplace Farmington (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Amelia Watson
15. Birthplace Cole Camp (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. C. Bonney
(b) Address Keokuk, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-8-1940 (Date received local registrar) R. V. Lindsey & Sons (Registrar's signature)
Feb - By Ronald H. Keeler

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 5th
year 1940 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 24, 1939, to Feb 5, 1940
that I last saw her alive on Feb 4, 1940
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerotic heart disease - arteriosclerotic nephritis - nephritis | ? |
| Due to Hemiparesis | 6 mo |
| Auricular Fibrillation | 2 mos. |
| Due to Terminal Uremia | 3 wks. |
| Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph E. Wilkes (M. D. or other) MP
Address 836 Prof. Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1945

## 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 N. C. Newcomer Jr.

Licensed Embalmer No. 4045

P. O. Address K. C. 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.**