

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

70577
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 421
 (b) Township Jackson Primary Registration District No. 5-5-75 Registered No. 10
 (c) City _____ (d) Street No. _____ 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 526 ANNA M. BONACKER St. (If nonresident, give city or town and State)
REVELY R.F.D. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1857
 7. AGE YEARS 82 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE W.O.R.K.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

FATHER 13. NAME FRED HARKE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER 15. MAIDEN NAME MARIE SCHONE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

17. INFORMANT (ADDRESS) ROBERT BONACKER
REVELY R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE ROSELAWN Cemetery DATE 2-11-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FINK LUND Co.
FESTUS, MO.

20. FILED 2/13 1940 J. E. Rutledge, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1940

I HEREBY CERTIFY, That I attended deceased from Jan 10 1940, to Feb 8 1940
 last saw her alive on 4:00 PM 2-8-40 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation with failure Date of onset 92 H

Other contributory causes of importance: Myocarditis + endocarditis yrs

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Ernest Deane M. D.
 (Address) Herndon, Mo.

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

5010-1-12-38 I X1002

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.

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

Eleana Prounce

Licensed Embalmer No.

3403

P. O. Address

Festus 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.