S. No. 2
—11-10-39
. 5-17-39
1 X21492

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

1940 AUG 14 PM 1:11

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24140
Registrar's No. 2750

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Days (Specify whether years, months or days)
In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits write "RURAL")
(d) Street No. 3108 Peery Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

8. (a) PRINT FULL NAME Mr. George Roy Bonebrake

8. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel M. Bonebrake
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October (Month) 27 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
65	8	12	hr. ____ min.

9. Birthplace Knoxville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Real Estate Dealer
11. Industry or business "Self" Real Estate

FATHER
12. Name George BoneBrake
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Cynthia Bonebrake
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Mabel Bonebrake
(b) Address 3108 Peery
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation Woodston Kansas
18. (a) Signature of funeral director D. H. Kuvinnes Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) July 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 4 minute 40A.M.
21. I hereby certify that I attended the deceased from June 18-1940 19____ to July 9 1940 19____ that I last saw him alive on July 9th 1940 19____ and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1-Uremia
2-Nephritis Chronic
Due to 3-Old Hypertension
4-Myocarditis
Due to 5-Generalized Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations
Of autopsy Refused

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 Wm H Lemmon (M. D. or other)
Address 836 Park Bldg Date signed 7-9-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. K. Trim
Prof. Bldg
Pl 6087

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.