

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32210

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo. Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME Ferd P. Bonham
3. (b) If veteran, name war Spanish Am. 3. (c) Social Security No. 703-03-8309

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flossie E. Bonham 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 10, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 26 If less than one day
hr. min.

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

10. Usual occupation Mail Handler

11. Industry or business K.C. Terminal R.R.

MOTHER FATHER
12. Name Edmond Bonham
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Welch
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Flossie E. Bonham
(b) Address 11625 E 23rd St. K.C. Mo.

17. (a) Burial (b) Date thereof Oct. 9th - 10
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address K.C. Mo.

19. (a) Oct 8, 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 11625 E 23rd 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 6th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1940 to Oct 6, 1940
that I last saw him alive on Oct 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____
Due to Coronary Thrombosis

Due to _____
Other conditions (include pregnancy within 3 months of death) 94 lb

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? 360

(Specify type of place) (e) Means of injury _____
23. Signature Joseph S. Bennett (M. D. or other) _____
Address 11533 Ash Indep. Mo Date signed Oct 8 - 40

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.

Please sign & deliver in mail box
will pack up Tues. *Johnston*

Bennett
1533 Wash

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. D. Blackman

Licensed Embalmer No. *3639*

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

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

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