

MAY 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14645**

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sturdy

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

(c) Name of hospital or institution:  
1503 - Main St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 6 years 1 \_\_\_\_\_ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME CARRIE BELLE BONNER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William Harvey Bonner

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

7. Birth date of deceased June 25 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 24

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Johnathon Bonner

13. Birthplace Uniontown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Ann J. Horner

15. Birthplace Sharntown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Uncle Bonner

(b) Address Linton, Mo.

17. (a) burial (b) Date thereof Feb 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Wanda Funeral Service

(b) Address Linton, Missouri

19. (a) 2-21-41 (b) Gene D Fair  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **40**

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19<sup>th</sup>

year 1941 hour 6:35 minute 47 M.

21. I hereby certify that I attended the deceased from Jan 30  
1940 to Feb 19 1941

that I last saw h. aw alive on Febr 18 1941

and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis

Duration One year

Due to \_\_\_\_\_

Due to MI

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 300  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. A. Duffly (M. D. or other) \_\_\_\_\_

Address Linton Mo. Date signed Feb 20 - 41

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

**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

*Robert B Davis*

Registered Apprentice No. *219*

working under my personal supervision.

Signed

*Raymond A Davis*

Licensed Embalmer No. *3424*

P. O. Address *Trenton 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, fact should be so stated above.**