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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37282

Primary Registration District No. 1002

Registrar's No. 4076

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Jackson
(c) City or town: Kansas (If outside city or town limits, write "RURAL")
(d) Street No.: 1225 Indep. Ave. (If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Tony (Bono) Bonomo
3. (b) If veteran, name war: none
3. (c) Social Security No.: [redacted]
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Josephine
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	—	—	____ hr. ____ min.

9. Birthplace: Italy (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Grocer
11. Industry or business: ____
FATHER
12. Name: Sam Bonoma
13. Birthplace: Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Do not know
15. Birthplace: Italy (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Josephine Bonomo
(b) Address: 1225 Indep. Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt St Mary
18. (a) Signature of funeral director: Parentine Bros
(b) Address: Kc Mo
19. (a) 11/2/41 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 11-1-41 year ____ hour ____ minute 1:15 P.M.
21. I hereby certify that I attended the deceased from ____ 19__, to ____ 19__; that I last saw him alive on ____ 19__; and that death occurred on the date and hour stated above.
Immediate cause of death: Ascites — Duration
Due to: Cirrhosis of the Liver
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 124B'
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): Do not know
(b) Date of occurrence: Do not know
(c) Where did injury occur? Do not know (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: 3
23. Signature: Arthur Miller (M. D. or other)
Address: K. C. Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Carl Rowe

Licensed Embalmer No. 2347

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, fact should be so stated above.