No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41805

State File No.

Registration District No. 296

Primary Registration District No. 5413

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (none) Rural - Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural 36
(If outside city or town limits, write "RURAL")
(d) Street No. & Union Twp. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME MARY CHRISTINA BONNARENS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female ~~White~~
5. Color or race White
6. (a) Single, widowed, married, divorced ~~widowed~~ married
6. (b) Name of husband or wife Ben John Bonnarens
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 9 (Day) 1867 (Year)

8. AGE: Years 74 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Bernard Thein
13. Birthplace — (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ben Bonnarens
(b) Address Clover Bottom, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Clover Bottom Mo
18. (a) Signature of funeral director Otto & Co
(b) Address Washington Mo
19. (a) 12-22-41 (Date received local registrar) (b) Louis F. Hawrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from February, 1941, to Dec 18, 1941
that I last saw her alive on Dec 18, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 day
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature T. L. Matthews MD (M. D. or other)
Address Branford Mo Date signed 12/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 2464

P. O. Address Washington 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.