No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1942

Registration District No. 273

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6104

Primary Registration District No. 5132

Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Holt Summit Rural (Summit Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ----------
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ In this community 6 Months (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Bonney Sue Surface
3. (b) If veteran, name war ------
3. (c) Social Security No. -----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. 15, 1937 (Month) (Day) (Year)

8. AGE: Years 5 Months 1 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business

FATHER
12. Name Carney Surface
13. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ester Pierner
15. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Carney Surface
(b) Address Holt Summit, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Resurrection Cem.
18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo.
19. (a) 2-16-42 (Date received local registrar) (b) Thorne Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1942 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 15, 1942 to Feb 15, 1942 that I last saw he alive on Feb 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Measles.	7 days
Due to	
Due to 35	
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 Jas A. Hill M.D. (M. D. or other)
Address Jefferson City, Mo. Date signed 2-16-42

881 (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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.