

No. 2  
1-4-41  
17-39  
X26390

FILED MAR 16 1942  
Registration District No. 8924

State File No. \_\_\_\_\_  
Primary Registration District No. 8924 61518 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County. Vernon  
(b) City or town. (Rural) Moundville typ.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bronaugh, Mo. R.F.D.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 14, yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bronaugh, Mo. R.F.D.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Marshall Edward Bonnett

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie L. Bonnett 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 22, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 0 23 hr. min.

9. Birthplace Mahaska Co., Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Marshall Fitzhugh Bonnett  
13. Birthplace Unknown, W. Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lavinia Rank  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Bonnett  
(b) Address Bronaugh

17. (a) Burial (b) Date thereof 2/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wenton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address Myada, Mo.

19. (a) Feb 24 (b) Mrs. M. C. Truman  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb. day 14,  
year 1942 hour 6:15 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from July 10 1940 to Feb. 12 1942  
that I last saw him alive on Feb 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days  
Hypertensive cardio-vascular  
Due to renal disease ? years  
Chronic Myocarditis ? years  
Due to Hypertensive encephalopathy 2 years

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

Major findings:  
Of operations 13/a  
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? \_\_\_\_\_

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

23. Signature Thomas G. Duckett (M. D. or other) M.D.  
Address Sheldon, Mo. Date signed 2/16/42

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

RECEIVED

District Health Officer No. 7

District File Number 3-42-216

Date Filed 3-9-42

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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.....

Lloyd R. Winsett  
.....  
Licensed Embalmer No. 3857

P. O. Address Keokuk, 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.