

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33600**

Registration District No. **99**

Primary Registration District No. **5378**

Registrar's No. **55**

32  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **De Kalb**  
(b) City or town **Union Star, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Polk Turn**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **73** years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **De Kalb**  
(c) City or town **Union Star (Polk Turn)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sarah Ellen Bonham**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **22** year **1942** hour **2** minute **15 P** M.

21. I hereby certify that I attended the deceased from **Sept 1** 1942 to **Sept 22** 1942 that I last saw her alive on **Sept 22** 1942 and that death occurred on the date and hour stated above.

4. Sex **T. 3** 5. Color or race **Can.** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Geo R Bonham** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 25 1866**  
(Month) (Day) (Year)

Immediate cause of death **Heart Block** Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**76 3 27** hr. min.

Due to **Arterio Sclerosis**

9. Birthplace **New Hampshire England**  
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Housewife**

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

11. Industry or business \_\_\_\_\_

Major findings: **95a**  
Of operations \_\_\_\_\_

12. Name **John Bonham**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)

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

14. Maiden name **Sophia Fisher**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **Luella Marshall**  
(b) Address **King's Cross Miss**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) **Emphatic** (b) Date thereof **9-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Emphatic**

(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director **R. H. Taggart**  
(b) Address **Union City Mo**

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

19. (a) **10-16-40** (b) **Orthlingly**  
(Date received local registrar) (Registrar's signature)

(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 **E. M. Reynolds** (M. D. or other) **9-24-42**  
Address **Union Star Mo** Date signed \_\_\_\_\_

1-48 (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..... *R. G. Taggart*  
Licensed Embalmer No. *12563*  
P. O. Address..... *Spring City 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.**