

FILED AUG 19 1943

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 73

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

1. PLACE OF DEATH: Newton

(a) County Newton

(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 130 1/2 West Spring St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Cook

(c) City or town Chicago 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 5221 S. Rockwell Street  
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME James Camelli Bonnet

3. (b) If veteran, name war World

3. (c) Social Security No. 358-05-9957

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Kathryn Bonnet 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: June 27 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>46</u>			<u>29</u>	
			hr.	min.

9. Birthplace Omaha Nebr  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business No Record Available

MOTHER FATHER { 12. Name No Record Available

13. Birthplace No Record Available  
(City, town, or county) (State or foreign country)

14. Maiden name No Record Available

15. Birthplace No Record Available  
(City, town, or county) (State or foreign country)

16. (a) Informant Chicago, Illinois

(b) Address Neosho Mo 7-29-43

17. (a) Burial (b) Date thereof 7-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Neosho, Mo

19. (a) 8-14-1943 (b) Coley Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1943 hour 4 minute 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 Died suddenly  
No physician in attendance  
Duration

Due to Probably Coronary Occlusion

Due to 94a

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 94a

Of autopsy 94a

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? [Signature] (Specify type of place)  
(e) Means of injury Probably Coronary Occlusion

23. Signature [Signature] (D. or other)  
Address Neosho Date signed 8-14-43

Date Rec. **AUG 12 1948**  
File no. 843-157

**AUG 20 1948**

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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.....

Licensed Embalmer No. 2689

P. O. Address. Neosho 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.**