

Registration District No. 82

Primary Registration District No. HTF 4 3 017

Registrar's No. 10

1. PLACE OF DEATH

(a) County Cooper

(b) City or town Boonville

(c) Name of hospital or institution: St Joseph Hospital-
(If not in hospital or institution, give street number or location)

(d) Length of stay in hospital or institution 7 wks
(Specify whether)

In this community 74 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town Boonville Pilot-Grove
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME ANNA-MARY-BONEN.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY 8th
year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-4-1943 to 1-8-1944
that I last saw h.e.r. alive on 1-7-1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Rayney Bonen 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rayney Bonen 6. (c) Age of husband or wife if alive several yrs

7. Birth date of deceased Dec. 2 1869
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach Duration 12 Mo (3)

8. AGE: Years 74 Months 1 Days 6 If less than one day hr. min.

Due to _____

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death) Myocarditis

9. Birthplace Prairie Home Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Sebastian Bregant

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kopyde

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Bonen

(b) Address Boonville Mo

17. (a) Burial (b) Date thereof 1-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Bur-Pk

18. (a) Signature of funeral director Hayes & Partner

(b) Address Pilot Grove, Mo

19. (a) Jan-8-44 (b) Dr. Chas Swap
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature J O Baley (M. D. or other) _____

Address Pilot Grove Date signed 1-8-44

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

MOTHER FATHER

1098

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 2,

District File Number.....

Date Filed 2-3-44

MAR 1 1944

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 *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Bonville, 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.