

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

V.S. No. 2
100M-2-43
Rev. 5-17-39

FILED AUG 10 1944

Registration District No. _____

Primary Registration District No. 5605-

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Knobnoster
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Station Hospital
Sedalia AAFld., Warrensburg, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Sixteen days
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME Pvt. Arthur J. Bonness ASN 366545773. (b) If veteran, name war World War #2 3. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive. -- years7. Birth date of deceased April 27, 1924
(Month) (Day) (Year)8. AGE: Years 20 Months 3 Days 1 If less than one day -- hr. -- min.9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Soldier11. Industry or business U. S. Army12. Name Arthur C. Bonness13. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)14. Maiden name Unknown (Deceased)15. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)16. (a) Informant U. S. Army Records(b) Address Sedalia AAFld., Warrensburg, Mo.17. (a) Removal (b) Date thereof July 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chicago Illinois18. (a) Signature of funeral director Gillespie Funeral Home(b) Address Sedalia, Missouri19. (a) July 29 1944 (b) Mrs C. L. Saults
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook 999
 (c) City or town Chicago 11
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 3312 Belden Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -- -- 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 6: minute 03 P. M.21. I hereby certify that I attended the deceased from July 21,
1944, to July 28, 19 44that I last saw him alive on July 28, 19 44
and that death occurred on the date and hour stated above.Immediate cause of death Sarcoma, retroperitoneal lymph nodes with extensive metastases to both lungs, liver, right kidney and Mediastinal lymph nodes Duration Unknown, over one month.

Due to -- --

Other conditions -- --
(Include pregnancy within 3 months of death) 46 hrMajor findings: None performed PHYSICIAN --Of operations -- --
Of autopsy Above findings confirmed 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 Ar Steer Capt (M. D. or other) MCAddress Station Hospital, Sedalia Date signed 7/29/44

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

MOTHER FATHER

1002

(Licensed Embalmer's Statement on Reverse Side) AAFld., Warrensburg, Missouri.

STATEMENT BY LICENSED EMBALMER

AUG 16 1944

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.