V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Whitaker 25201

State File No.

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 25

67
1
2

1. PLACE OF DEATH:

(a) County Mississippi Co.

(b) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie Mo. (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 JOHN H BONTA

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 30 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	11	hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John Edward Bonta
(b) Address East Prairie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 12 (Day) 1944 (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo.

19. (a) 8-4-1944 (Date received local registrar) (b) Fannie E. Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 11
year 1944 hour 8 minute 05 a. M.

21. I hereby certify that I attended the deceased from About, 1942, to July 11, 1944
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Spinal apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8 3a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature George W Whitaker (M. D. or other)

Address East Prairie Mo. Date signed 8/3/44

1271

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 844-1068
Date Filed 8-9-44

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.