

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

70

30012

FILED SEP 26 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3732

1. PLACE OF DEATH: **Jackson,**

(a) County **Jackson,**

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

(c) Name of hospital or institution:
219 West 66th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 weeks**
(Specify whether)

In this community **19 1/2 years,**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**

(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **219 West 66th Street,**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Marvin Young Bonnell**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **486-10-2760**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **13th,**
year **1944** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Ruth Olsen Bonnell**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **August 25 1888**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 24**, 19**38**, to **Sept 13**, 19**44**
that I last saw him alive on **August 28**, 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56	0	18	hr. min.
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Immediate cause of death **Hodgkins Disease**

Duration **6 mo**

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Underwriter**

Due to _____

Due to **44 b**

Other conditions (include pregnancy within 3 months of death)

11. Industry or business **X**

12. Name **George Bonnell**

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

14. Maiden name **Julia Young,**
(City, town, or county) (State or foreign country)

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

Major findings: **Acute Lymphoblastic**
Of operations **removed for section**
stomach Hodgkins Disease
Of autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Ruth O. Bonnell,**

(b) Address **219 West 66th St., Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-15-44**
(Month), (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-15-44** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury _____

23. Signature **William A. Baker** (M. D. or other) **W.A.B.**
Address **1030 Angler** Date signed **9/14/44**

(Licensed Embalmer's Statement on Reverse Side)

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

W.A. Baker
any other body

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Paul J. Ballou

Licensed Embalmer No. *4206*

P. O. Address *K. C. Missouri*

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.