

No. 2
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41649

State File No. _____

Registrar's No. 9

FILED JAN 42 1944
Registration District No. 2298

Primary Registration District No. 5795

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

1. PLACE OF DEATH: MONITEAU
 (a) County MONITEAU
 (b) City or town Rural, Pilot Grove Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution 1
 In this community 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN PLEASANT BONINE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb 18 1867
 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES BONINE
 13. Birthplace MORGAN CO, MO
 (City, town, or county) (State or foreign country)
 14. Maiden name DIANA HUEF
 15. Birthplace MORGAN CO MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Wafford
 (b) Address Barnett St
 17. (a) Washed (b) Date thereof 12-5-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director A. J. Sullins
 (b) Address Cersaille Mo
 19. (a) 12-4-44 (b) Max H. J. Sullins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County MONITEAU
 (c) City or town LATHAM
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? None Lathame (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 3rd
 year 1944 hour 5 minute P. M.
 21. I hereby certify that I attended the deceased from 12-3- 1944 to 12-3- 1944
 that I last saw him alive on Dec 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
arterial sclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 830

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? A. J. Sullins (Specify type of place) (e) Means of injury _____
 23. Signature A. J. Sullins (M. D. or other) _____
 Address Cersaille Mo Date signed 12/4/44

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-3-45

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 J. T. Russell

Licensed Embalmer No. 1596

P. O. Address Ursula U

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.