

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41918**

FILED DEC 26 1944

Registration District No. **270**

Primary Registration District No. **5983**

Registrar's No. **(46) 110**

1. PLACE OF DEATH:

(a) County **PULASKI**
(b) City or town **FORT LEONARD WOOD**
(c) Name of hospital or institution:
NO 13 ARLINGTON CIRCLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **ELIZA ANN BONVARLET**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **F.** 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

7. Birth date of deceased **JUN 23 1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **5** Days **7** If less than one day hr. min.

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

10. Usual occupation **HOUSEWORK**

11. Industry or business **HOME**

12. Name **THOMAS FEDEERN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **MR EMERICH WESSELS**

(b) Address **NO 13 ARLINGTON CIRCLE FORT LEONARD WOOD MO**

17. (a) **CREMATION** (b) Date thereof **DEC 2 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MISSOURI CREMATORY ST. LOUIS MO**

18. (a) Signature of funeral director **HEINIGTAG FUNERAL HOME**

(b) Address **KIMMSWICK MO**

19. (a) **30 Nov 1944** (b) **Perm. Smith Capt, moe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON**
(c) City or town **KIMMSWICK**
(If outside city or town limits, write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) If foreign born, how long in U. S. A. **55 YRS.** 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **30**
year **1944** hour **2** minute **45** AM

21. I hereby certify that I attended the deceased from **NOV 20** to **NOV 30**, 19**44**
that I last saw her alive on **NOV 25**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Paratyphoid fever**

Due to **---**

Due to **---**

Other conditions **Paratyphoid fever**
(Include pregnancy within 3 months of death)

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 **NOV 30**

(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 **J. J. Chenoweth** (M. D. or other)

Address **Fort Leonard Wood** Date signed **Nov 30**

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

DEC 28 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.....

Arthur W. Heikington

Licensed Embalmer No.

3870

P. O. Address.....

Hammond, 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, above space should be left blank.