

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 6 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 331

1. PLACE OF DEATH:

(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:
Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution unknown 6 mo.
(Specify whether in this community years, months or days) x 46 mo.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Lamar
(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 x

3. (a) PRINT FULL NAME Mayme Bonney

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-5-44
_____, 19____, to 1-19-45, 19____;
that I last saw h. pt alive on 1-19-45, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 1. Color or race W

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

6. (b) Name of husband or wife Gay Bonney

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

7. Birth date of deceased April 23 1862
(Month) (Day) (Year)

Immediate cause of death _____

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

8. AGE: 82 Years 8 Months 27 Days 6 hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation at home

11. Industry or business x

12. Name Allen Warden

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Miller

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

16. (a) Informant Jim Bonney

(b) Address Lamar, Missouri

17. (a) removal (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar, Missouri

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

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

19. (a) 1-22-45 (b) T. E. Brown
(Date received local 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) (e) Means of injury _____

23. Signature T. E. Brown (M. D. or other) _____
Address Lamar, Missouri Date signed 1-20-45

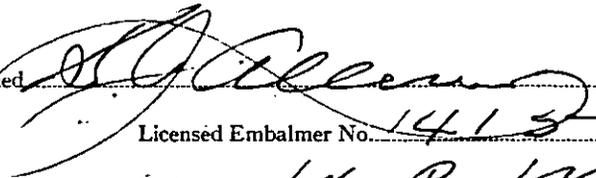
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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



Licensed Embalmer No. 1413

P. O. Address 19. C. W. C.

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.