

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

2
43
39
37823

FILED JAN 16 1945

Registration District No. **136**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2017 Wall St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **54 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **2017 Wall St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Roscoe A. Bonham**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Emma Baker Bonham** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **Nov. 28, 1890**
(Month) (Day) (Year)

8. AGE: Years **54** Months **0** Days **27** If less than one day
hr. min.

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

10. Usual occupation **retired**

11. Industry or business

MOTHER FATHER { 12. Name **R. C. Bonham**
13. Birthplace **Indiana** (City, town, or county) (State or foreign country)
14. Maiden name **Lennie Hostetter**
15. Birthplace **Carrollton Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lennie Bonham**
(b) Address **2017 Wall St.; Joplin Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **DEC 27 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo.**

19. (a) **12-26-44** (Date received local registrar) (b) **J. H. Hurlbut** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 25** Day **1944**
year **4-30** hour **P.M.** minute **11** M.

21. I hereby certify that I attended the deceased from **19** to **19**
I did not attend
that I last saw him **alive** on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**

Due to **Chronic Arteriosclerosis**

Due to **94a**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Coronary Investigation**
Of operations
Of autopsy

Duration
PHYSICIAN
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? (Specify type of place) (c) Means of injury

23. Signature **W. H. Hurlbut** (M. D. or other) **NO**
Address **2114 Joplin** Date signed **12/24/44**

1204

44-12-1059

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 *Perry K. Lurbeck*

Licensed Embalmer No. *989*

P. O. Address *Spencer, 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.