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

FILED DEC 28 1945  
Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.

(c) Name of hospital or institution: Research Hosp.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 43 yrs  
(If not in hospital or institution, write street number or location)

In this community 43 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C.

(d) Street No. 1113 E. 5th  
(If outside city or town limits, write "RURAL")

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FORTUNATO (FRED) BONARDONNA

3. (b) If veteran, name war no

3. (c) Social Security No. 48-26-4281

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Dorothy

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 25 1891  
(Month) (Day) (Year)

8. AGE: 54 Years 4 Months 16 Days  
If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Mike Bonadonna

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

14. Maiden name Rosalie Dondichio

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

16. (a) Informant Dore Bonadonna

(b) Address 720 Indiana

17. (a) Burial (b) Date thereof 12/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Sebetos

(b) Address St. Louis

19. (a) 12-12-45 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1945 hour 2:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 8-1945  
to Dec 10, 1945

that I last saw him alive on Dec 9, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion

Due to Coronary artery disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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 cos food

23. Signature [Signature] (Mr. D. or other) \_\_\_\_\_  
Address 918 Jay Blvd Date signed 12-12-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

*Original*

**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 *Ray E. Snow*  
Licensed Embalmer No. *2560*  
P. O. Address *76 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.**