

**FILED** APR 24 1946

Registration District No. **291**

Primary Registration District No. **4433**

Registrar's No. **21**

**1. PLACE OF DEATH:**

(a) County **Putnam**  
(b) City or town **Unionville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **ABOUT 40 YEARS** (Specify whether years, months or days)  
In this community **ABOUT 40 YEARS**

**3. (a) PRINT FULL NAME** **Thomas Bongardner**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **Eda M. Bongardner** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **September 18 1873**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **24** If less than one day hr. min.

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

10. Usual occupation **FARMER**

11. Industry or business **Retired 18 years**

12. Name **Jacob Bongardner**

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

14. Maiden name **FANNIE RANDALL**

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

16. (a) Informant **Mrs. Eda Bongardner**

(b) Address **Unionville, Mo**

17. (a) **Burial** (b) Date thereof **March 10 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST SECRETARY**

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

(b) Address **Unionville, Mo By John P. Comstock**

19. (a) **3-30-46** (b) **Marshall Durbin**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Putnam**  
(c) City or town **Unionville**  
(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 **—**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **7**  
year **1946** hour **11** minute **55** P.M.

21. I hereby certify that I attended the deceased from **July 6**  
**1944** to **March 7 1946**  
that I last saw him alive on **March 7 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis and General Heart Failure**  
Duration **2 yrs**

Due to **Cerebral Hemorrhage** **2 years**

Due to **—**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **(none)**

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?

(Specify type of place) (e) Means of injury **—**

While at work? **—**

23. Signature **J. E. Harrison** (or other) **P.O.**

Address **Unionville, Mo** Date signed **3/9/46**

RECEIVED

District Health Officer No. 10

District File Number 4-46-879

Date Filed APR 22 1946

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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.....

*John N. Comstock*

Licensed Embalmer No. 3891

P. O. Address Grinnville, 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.**