

FILED JUN 10 1946

State File No. _____

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 18

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town MONROE CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
409 S. DAVIS /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 61 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69
(c) City or town MONROE CITY /
(If outside city or town limits, write "RURAL")
(d) Street No. 409 S. DAVIS 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES ELLA BONO

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SOLOMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 12 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>24</u>	hr. _____ min.

9. Birthplace MONROE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WALTER LANHAM

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

14. Maiden name MARGARET SIMPSON

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

16. (a) Informant Ether Bono

(b) Address Monroe City, Mo

17. (a) BURIAL (b) Date thereof 5/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLY ROSARY MONROE CITY

18. (a) Signature of funeral director Wilson & Sons

(b) Address MONROE CITY, MO

19. (a) 5-8-46 (b) Alvin Little
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 18, 1946 to May 6, 1946
that I last saw her ER alive on May 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs.

Due to _____
Due to _____

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

Major findings:
Of operations g3b
Of autopsy _____

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Harold J. Ellis (M. D. or other) D.O.
Address Monroe City Date signed 5-9-46

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

RECEIVED
District Health Officer No. 10
District File Number 6-46-1124
Date Filed JUN 6 1946

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Lillian P. Wilson
Licensed Embalmer No. 3014
P. O. Address Monroe City 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.

Registration District No. 226

Primary Registration District No. 4238

Registrar's No. _____

1. PLACE OF DEATH: Monroe
 (a) County Monroe
 (b) City or town Monroe city
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
 3. (a) PRINT FULL NAME Frances E. Bona
 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 wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased June 12 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____ (c) Place: burial or cremation _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) May 8, 1946 (b) Olive Little
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Year 1946 Hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 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)
 (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

17447