

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36825

State File No.

FILED DEC 10 1946

Registration District No. 1

Primary Registration District No. 5551

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Peace Valley
(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 Jas. Simpson Bonsell

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Charlotte E. Bonsell 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 6-9-1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Pittsburg Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Wm Bonsell

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Hines

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

16. (a) Informant Mrs J. S. Bonsell

(b) Address Peace Valley, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-17-46
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Dec 6 1946 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town Peace Valley
(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 11 day 12
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov, 1937, to 11-12-, 1946
that I last saw him alive on Nov, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive myocarditis Duration _____

Due to General Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. B. Bohrer (M. D. or other) MO

Address West Plains, Mo Date signed 11-16-46

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

35645

46
0
0

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.....

..... *S. L. Duncan*, Registered Apprentice No. *390*
.....
working under my personal supervision.

Signed..... *D. A. Robertson*.....

Licensed Embalmer No. *3435*.....

P. O. Address..... *Nest Plains*.....

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.