

FILED JAN 20 1947

Registration District No. 360

Primary Registration District No. 6225

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

I. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural Washita Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hosp. No. 3, 9.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days.  
In this community Same time (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Bonnard

3. (b) If veteran \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

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

6. (b) Name of husband or wife Christine Bonnard 6. (c) Age of husband or wife if alive hub. years

7. Birth date of deceased July 15 - 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming.

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

MOTHER FATHER { 12. Name Henry Bonnard  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Genera Surpin  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 1-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo.

19. (a) 1-10-47 (b) Kathryn Hawley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 108  
(c) City or town Deepwater  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 12-17-1946  
to 1-10-1947, 19 \_\_\_\_\_ to 19 \_\_\_\_\_

that I last saw him alive on Jan. 9 - 1947, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 36 hrs

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

Other conditions Py. Cerebral Arteriosc.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R B Delev (M. D. or other) \_\_\_\_\_  
Address Nevada Mo. Date signed 1-10/47

NOV 16 1953

DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
1-15-47

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 \_\_\_\_\_

Fred E. Wilkerson Jr., Registered Apprentice No. 434  
working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton M.

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, above space should be left blank.