

S. No. 2  
1-8-43  
5-17-39  
X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12672  
Registrar's No. 8

Registration District No. 49

Primary Registration District No. 4069

1. PLACE OF DEATH:

- (a) County Cass  
(b) City or town Madison Mo  
(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  
In this community Exile life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY S. BONNER

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex Mo 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie E. Bonner  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased May - 12 - 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 27 hr. min.

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

10. Usual occupation Merchant

11. Industry or Business

12. Name Joe E. Bonner

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

14. Maiden name Nancy E. Whetzel

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

16. (a) Informant Shirley Bonner

(b) Address Madison Creek Mo

17. (a) Buried (b) Date thereof 4-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Creek Mo

18. (a) Signature of funeral director W. J. Myers

(b) Address

19. (a) 4-9-47 (b) W. J. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass 15  
(c) City or town Madison Creek Mo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 9  
year 47 hour 8 minute 59 M.  
21. I hereby certify that I attended the deceased from April 8<sup>th</sup>  
1947, to April 9<sup>th</sup> 1947,  
that I last saw him alive on April 8<sup>th</sup> 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

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 W. J. Myers (M. D. or other)  
Address Madison Creek Mo Date signed 4/9/47

RECEIVED  
District Health Officer No. 71  
District File Number 4-42-548  
Date Filed 5-7-47

### 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.....

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

Signed Leonard B. Jones

Licensed Embalmer No. 2008

P. O. Address Buffalo, 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.