

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

FILED JUN 6 1947

Registration District No. 242

Primary Registration District No. 4361

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Canalou  
(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 37 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Canalou 72  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME PLEASANT J BONNER

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 Alice

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 7 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 15 April 47 to Death, 1947, and that death occurred on the date and hour stated above.

That I last saw him alive on 10 May 47

8. AGE: Years 79 Months 0 Days 10 If less than one day — hr. — min.

9. Birthplace White Co. See 1  
(City, town, or county) (State or foreign country)

10. Usual occupation retired barber

11. Industry or business Farmer

12. Name John Bonner 9

13. Birthplace — 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Nelson

15. Birthplace — 9  
(City, town, or county) (State or foreign country)

Immediate cause of death Auricular fibrillation

Due to Arterio Sclerosis

Hypertensive Vascular Disease 3

Due to —

Other conditions (Include pregnancy within 3 months of death)

16. (a) Informant Mrs Alice Bonner

(b) Address Canalou Mo

17. (a) Burial (b) Date thereof 5-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo

19. (a) June 2-1947 (b) Thomas Shetter Jr.  
(Date received local registrar) (Registrar's signature)

PHYSICIAN —

Underline the cause to which death should be charged statistically.

Major findings: Of operations 938

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 0

23. Signature Chas C. McEllis (M. D. or other) —

Address — Date signed 26 May

RECEIVED

District Health Office No. 2,

District File Number 647-810

Date Filed 6-3-47

**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 Raymond G. Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.**