S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1947

Registration District No. 754

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5575

State File No. 31545

Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Jackson (Rural)

(b) City or town: Hickman Mills (Washington)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 95th St. & Grandview Rd. & Bannister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Hickman Mills 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 95th & Grandview Rd.&Bannister 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Adelaide Madolyn BONJOUR

3. (b) If veteran, name war: no

3. (c) Social Security No.: 490-24-3294

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Charles A. Bonjour

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: May (Month) 19 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
37	3	16	hr. min.

9. Birthplace: Rosedale Station, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: Louis Paschel
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Theresa Weixeltdofer
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mr. Chas. A. Bonjour
(b) Address: Hickman Mills, Mo.

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

(c) Place: burial or cremation

18. (a) Signature of funeral director: Mellody-McGilley-Eyler
(b) Address: Kansas City, Missouri

19. (a) Sep 9-47 (Date received local registrar) (b) Dr. Arnold Hedges (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 5
year: 1947 hour: 2 minute: 55 P. M.

21. I hereby certify that I attended the deceased from: 14, 1944 to Sept 5, 1947
that I last saw her alive on: Sept 5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Kidney Insufficiency	
Due to: Poisoning of the Liver and Obstruction	
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 50	
Major findings: Of operations: Carcinoma of the left breast	
Of autopsy: No	

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.

Address: 831 Angyle Bldg. K.C. Mo. Date signed: 9/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ira H. Lockwood
Argyle Bldg.
Vi. 6330
2 ods to 4 ods Sat.
433 W 68 St Ter.
Ga 2235

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.