

S. No. 2
M-1/47
5-17-39

National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 128

Primary Registration District No. 5572

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town RURAL PRAIRIE TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JACKSON COUNTY HOME FOR AGED
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether Y.N.S.)

In this community _____ years, months or (days)

3. (a) PRINT FULL NAME Mary Bonard

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 7 (Month) 13 (Day) 69 (Year)

8. AGE: 78 Years 3 Months 19 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Old folk home JACKSON COUNTY HOME

11. Industry or business _____

12. Name William Wilkerson

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

14. Maiden name Unkown

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

16. (a) Informant County Home RECORDS

(b) Address 175 E. 1st St. INDER, MO.

17. (a) Burial (b) Date thereof Jan. 7, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery C. Mo.

18. (a) Signature of funeral director Fannie R. Mead

(b) Address 1708 E. 18th St.

19. (a) JAN. 7, 1948 (Date received local registrar)

(b) Donald C. Emshur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2441 Highland
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 26, 1947 to Jan 1, 1948 that I last saw her alive on Jan 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____
Due to _____

Other conditions (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 _____

While at work? _____ (Specify type of place)

23. Signature D. C. Emshur (M. D. Emshur)

Address 1114 S. Grand St. Date signed 1-2-48

Duration 7 D
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

Jimmie D. Neek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.