

S. No. 2
I-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5566**

FILED FEB 18 1948

Registration District No. **231**

Primary Registration District No. **734C**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **Montgomery**

(b) City or town **Montgomery**
(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 **30 yrs** (Specify whether years, months or days)

In this community **30 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**

(c) City or town **Montgomery**
(If outside city or town limits, write "RURAL")

(d) Street No. **/**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Moses Bonner**

3. (b) If veteran, name war: _____

3. (c) Social Security No. **703-01-2089**

4. Sex **m** 5. Color or race **C**

6. (a) Single, widowed, married, divorced **M /**

6. (b) Name of husband or wife **Minnie Bonner**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **17** th year **1948** hour **8** minute **00** p. M.

21. I hereby certify that I attended the deceased from **Dec 26** to **Jan 17**, 19**48**.
that I last saw **him** alive on **Jan 17**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Pneumonia**

Duration **12 hrs**

Due to **Cerebral Hemorrhage left & Right Hemiplegia**

Due to **Arteriosclerosis**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Rail Road Laborer**

11. Industry or business _____

12. Name **Un known**

13. Birthplace **no**
(City, town, or county) (State or foreign country)

14. Maiden name **Un known**
(City, town, or county) (State or foreign country)

15. Birthplace **no**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Bonner**

(b) Address **Montgomery City Mo**

17. (a) **Burial** (b) Date thereof **1-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery C. Cemetery**

18. (a) Signature of funeral director **C. W. Hopkins**

(b) Address **Montgomery City Mo**

19. (a) **1-24-48** (b) **Wm J. Spivey**
(Date received local registrar) (Registrar's signature)

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 **E. J. Guleman** (M. D. or other) **W. J. Spivey**
Address **Montgomery City Mo** Date signed **1/24/48**

Date Filed 2/11/48

District File Number _____

District Health Officer No. 9,

RECEIVED

MAR 24 1948

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 ~~is~~ on the 17 th day of Jan 1948 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____ C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.