

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4069

State File No. 8040

Registrar's No. 6

1. PLACE OF DEATH:

(a) County CAMDEN
(b) City or town MACKS CREEK MO
(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 _____ (Specify whether)
In this community 56 yrs. years, months or days

3. (a) PRINT FULL NAME MOLLIE AUGUSTA BONNER

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

4. Sex Female 5. Color or race White 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 MARCH 7 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Jacobs

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

14. Maiden name Martha Wallace

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

16. (a) Informant ERVIN BONNER

(b) Address MACKS CREEK MO.

17. (a) BURIAL (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MACKS CREEK

18. (a) Signature of funeral director B. B. Jones

(b) Address Buffalo Mo.

19. (a) 3-18-48 (b) G. J. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAMDEN
(c) City or town MACKS CREEK MO
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 18
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 7th
1941 to March 18th 1948
that I last saw her alive on March 18th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration about 7 years

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 G. J. Myers (M. D. or other)

Address MACKS CREEK MO. Date signed 3/18/48

RECEIVED

District Health Officer No. 7,

District File Number 3-48-400

Date Filed 4-13-48

OCT 14 1948

JAN 10 1949

MAR 9 1956

MAY 14 1952

JUL 1 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 by.....

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

Signed Martin B. Jones

Licensed Embalmer No. 4322

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.