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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 112438

FILED APR 21 1948  
49

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1594

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 MOS. - 16 DAYS  
(Specify whether years, months or days)

In this community 50 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 WHITE  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HETTIE BONNER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7, year 1948 hour 1: minute 55 P. M.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife J. W. BONNER 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPTEMBER 18, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOVEMBER 21, 1948 to APRIL 7, 1948; that I last saw h. ER alive on APRIL 7, 1948; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death TERMINAL BRONCHO-PNEUMONIA  
IA

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

10. Usual occupation HOUSEWIFE

Due to FRACTURE LEFT HIP (HEALED)

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name WILLIAM GRIFFIN

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

14. Maiden name ANNA

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

Other conditions SENILE PSYCHOSIS; HYPERTENSIVE HEART DISEASE

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant J. W. BONNER (HUSBAND)

(b) Address 3620 WHITE

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof April 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Withlows Cemetery, E. C. Kans.

18. (a) Signature of funeral director Fannie J. Price

(b) Address 1708 E. 18th St

19. (a) 4-22-48 (b) Thelma Holmes  
(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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address GENERAL HOSPITAL NO. 2 Date signed 4/8/48

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

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**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 \_\_\_\_\_

Raynard C. Williams, Registered Apprentice No. 15  
working under my personal supervision.

Signed Fannie L. Meek

Licensed Embalmer No. 3819

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.**