

FILED AUG 4 1948

Registration District No. 217Primary Registration District No. 5-787Registrar's No. 65-

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town Charleston, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5 miles south of Charleston
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community All of life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Isaac Andrew Bonifield

3. (b) If veteran, name war Not Known 3. (c) Social Security No. Not Known

4. Sex Male (1) 5. Color or race White (0) 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 10, 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>22</u> hr. min.

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

10. Usual occupation Farmer11. Industry or business None12. Name Joseph Arnold Bonifield

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

14. Maiden name Caroline Cupp

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

16. (a) Informant Mrs. Jimmie Lee(b) Address Rfd, Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-1948
 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery
 Charleston, Missouri.

18. (a) Signature of funeral director Edward S. Hummel(b) Address Charleston, Missouri.

19. (a) 7-28-48 Mrs. John Bondurant (Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi ⁶⁷
 (c) City or town Charleston, Rural ²
 (If outside city or town limits, write "RURAL") ³
 (d) Street No. 5 miles so of Charleston
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
 year 1948 hour 3:50 minute A. M.

21. I hereby certify that I attended the deceased from July 1
 1948, to July 2 1948
 that I last saw him alive on July 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Haemorrhage 1 day
 Due to arteriosclerosis 10 yrs

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

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 GP Martin (M. D. occurrer)Address Cash, Missouri Date signed 7/9/48

RECEIVED

District Health Office No.

District File Number *278*

Date Filed *2-7-40*

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 *Joe R. Nunnelee*

Licensed Embalmer No. *4413*

P. O. Address *Charleston, W. Va.*

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.