

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1176

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>305</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)			
a. COUNTY Jackson		b. STATE Missouri		c. COUNTY Jackson		d. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4031 Park Avenue				d. STREET ADDRESS (If rural, give location) 4031 Park Avenue			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) James		b. (Middle) V.		c. (Last) BONNER		Jan. 21, 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (State or foreign country) Spickard, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis A. Bonner			13b. MOTHER'S MAIDEN NAME Sarah A. Flowers			14. NAME OF HUSBAND OR WIFE Mable Bonner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-10-3594-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mable Bonner, 4031 Park Ave., KC, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 1 month
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of urinary bladder					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>48</u> , to <u>Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>19 Jan</u> , 19 <u>49</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Paul G. Goerner (Degree or title)				23b. ADDRESS 0 Rayburn, Missouri		23c. DATE SIGNED 21 Jan 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-22-49		24c. NAME OF CEMETERY OR CREMATORY LeHarpe		24d. LOCATION (City, town, or county) (State) LeHarpe, Kansas	
DATE REC'D BY LOCAL REG. 1-22-49		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Student
Embalmers

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 _____

C. Dean Cole

Student Embalmer No. *408*

working under my personal supervision.

Student *C. Dean Cole*
Student Embalmer

Signed _____

[Signature]

Licensed Embalmer No. *2999*

P. O. Address _____

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.