

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8743

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Jackson <i>Blue</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson <i>117</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence (Rural) <i>Blue</i>	
c. LENGTH OF STAY (in this place) 32 Yrs.		d. STREET ADDRESS (If rural, give location) R.F.D. One	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Independence, One			

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV G. b. (Middle) BOHNENBERGER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1949		
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 10 Days 24 IF UNDER 2 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Germany <i>4</i>		12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Fritz Bohnenberger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Fred Bohnenberger, R.F.D. One, Indep. Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **5:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE H. E. Upsher (Degree or title) MD		23b. ADDRESS 2800 Main		23c. DATE SIGNED 3/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Mound Grove	
				24d. LOCATION (City, town, or county) (State) Independence, Missouri	

DATE REC'D BY LOCAL REG. Mar. 27-1949		REGISTRAR'S SIGNATURE [Signature] <i>354</i>		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Indep. Mo.	
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WHITE PLAIN PAPER - WRITING BLACK INK - MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Tom D. Marbleland

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4592

P. O. Address _____

Indep. 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.