

FILED OCT 17 1949

STANDARD CERTIFICATE OF DEATH

34117

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 3001 Registrar's No. 435

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  
 c. LENGTH OF STAY (in this place) 2 da  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Treman Hosp 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Mo b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarsopie  
 d. STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print)  
 a. (First) Felix b. (Middle) Victor c. (Last) Bonnot  
 4. DATE OF DEATH (Month) (Day) (Year) Oct 1 - 1949

5. SEX Male 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH July 1 - 1884 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY no 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY? no

13a. FATHER'S NAME John B Bonnot 13b. MOTHER'S MAIDEN NAME Justine Bonnot 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Essie Lewis, Sarsopie Mo ADDRESS no

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Cardiac dilation  
 ANTECEDENT CAUSES Myocarditis, Chronic  
 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.  
 INTERVAL BETWEEN ONSET AND DEATH 432

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 26 Sept, 1949, to 1 Oct, 1949, that I last saw the deceased alive on 30 Sept, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE Leroy Simmons M.D. (Degree or title) 23b. ADDRESS Sarsopie Mo 23c. DATE SIGNED 2 Oct 49

24a. BURIAL, CREMATION REMOVAL (Specify) burial 24b. DATE 10-3-49 24c. NAME OF CEMETERY OR CREMATORY Sarsopie Mo 24d. LOCATION (City, town, or county) (State) Sarsopie Mo

DATE REC'D BY LOCAL REG. 10-3-49 REGISTRAR'S SIGNATURE L. B. Clinton 138 25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons Sarsopie Mo ADDRESS no

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

RECEIVED '10-10-49

Jasper County Health Office

County File Number 49-9-777

Date Filed 10-14-49

JAN 24 1950

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Lanesville Ga

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.