

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 98

Primary Registration District No. 5144

Registrar's No. 15

1. PLACE OF DEATH:  
 (a) County Caldwell *MMP*  
 (b) City or town Kingston, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Caldwell  
 (c) City or town Kingston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jackson Wilson Bonar - 566  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 4  
 year 1939 hour 4 minute 1.5 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Emma Bonar 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov - 11 - 1857  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Never.  
Attended, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>		<u>23</u>	_____ hr. _____ min.

Immediate cause of death  
Cerebral Embolism

9. Birthplace Wood County West Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer

Due to arterio-sclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER  
 12. Name Nelson Bonar 9  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Kathina Farnsworth  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None

16. (a) Informant's own signature Carl Bonar  
 (b) Address 3515 Forest K.C. Mo.  
 17. (a) Burial (b) Date thereof 12-7-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kingston Cemetery  
 18. (a) Signature of funeral director Cramer Clark  
 (b) Address Kingston, Mo.  
 19. (a) 12-6-1939 (b) Mrs Ruth Hill 102  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature L.M. Daley M.D. (M. D. or other) 1  
 Address Harwood, Mo. Date signed Dec 4

RECEIVED

District Health Officer No. 99

District File Number 40-1815

Date Filed JAN 5 1940

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, ~~by~~

Cramer Clark

Registered Apprentice No.

working under my personal supervision.

Signed

Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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, above space should be left blank.