

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

44345
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Platte* Registration District No. *698*
 (b) Township *Murkell* Primary Registration District No. *5427*
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *540*
Myranda Melina Bonnell
 (a) Residence, No. *Platte Co.* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Thomas B. Bonnell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 19-1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>81</i>	<i>8</i>	<i>26</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Nurse Keeping*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Detmold* (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Richard Davis*
 14. BIRTHPLACE (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY) *1*

MOTHER 15. MAIDEN NAME *Mariah Ralston*
 16. BIRTHPLACE (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY) *1*

17. INFORMANT *Frances Whittinghill* (ADDRESS) *1421 Charlotte Kansas City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pleasant Ridge* DATE *Dec 17-1939*

19. FUNERAL DIRECTOR (NAME) *Lucian Davis* (ADDRESS) *Dearbon Mo.*

20. FILED *12/15* 19 *39* *J. J. Bonnell* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 15-26 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2* 1939, to *Dec 15* 1939
 I last saw her alive on *Dec 14* 1939 Death is said to have occurred on the date stated above, at *P. A.* m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Mitral Regurgitation
 Date of onset *12/1*

Other contributory causes of importance:
Chronic nephritis
Cardiac decompensation

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) *R. M. Callaghan*
 (Address) *419 Main, P. O. Box, No. 100*

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.

RECEIVED

District No. 11

District File Number 140 - 1826

Date Filed JAN 9 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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John E. Rupp*
Licensed Embalmer No. *21986*
P. O. Address *St. Joseph*

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.