DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44864

Registration District No. 834 Primary Registration District No. 6101. Registrar's No. 44.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Essex Mo R
(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 Mo (b) County Stoddard
(c) City or town Essex Mo.
(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 Cleo Bonner 560
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. (Month) 30 (Day) 39 (Year)

8. AGE: Years | Months | Days 6 | If less than one day ✓ hr. min.

9. Birthplace Essex (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Wilma Bonner
13. Birthplace Blackton (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Jessie Hays
15. Birthplace Ripley (City, town, or county) Tenn (State or foreign country)
16. (a) Informant's own signature Wilma Bonner
(b) Address Essex Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-39 (Month) (Day) (Year)
(c) Place: burial or cremation Dept. Cem
18. (a) Signature of funeral director ✓
(b) Address ✓
19. (a) 12-6-39 (Date received local registrar) (b) J. P. Brandon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Dec-39 year 1939 hour 12 minute PM. M.
21. I hereby certify that I attended the deceased from ✓ , 19__, to ✓ , 19__;
that I last saw h ✓ alive on ✓ , 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Did not know	
Due to Physician	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓ No.	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature J. P. Brandon (M.D. or other)
Address Essex Mo. Date signed 12-6-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.
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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.....

Licensed Embalmer No.....

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, above space should be left blank.