No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21868

FILED JUL 17 1940

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County Howard Co,
(b) City or town Fayette, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Howard,
(c) City or town Fayette, (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 Dr Vaughan Q, Bonham. 1550

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Mrs Nannie Bonham.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 18th (Month) 1856 (Day) (Year)

8. AGE: Years 83 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Doctor, M. D.

11. Industry or business Physician

MOTHER FATHER
12. Name Dr N.M. Bonham
13. Birthplace Tenn, (City, town, or county) (State or foreign country)
14. Maiden name Margaret Pharr.
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Todd,
(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) July 8, 1940 (Date received local registrar) (b) Mrs. V. C. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1940 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from May 1930, to June 23, 1940, that I last saw him alive on June 23, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Uremia	4 days.
Due to Chronic nephritis	2 yr.
Due to Acc. fractured rt. hip.	5 days.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy —

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) Accident
(b) Date of occurrence 6-17-40
(c) Where did injury occur? Home, Fayette, Howard, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Vaughan Bonham (M. D. or other) M.D.
Address Fayette, Mo Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Local Health Officer No. 8
Local File Number 7-15-40
Date Filed

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 Guy T. Halley

Licensed Embalmer No. 2966

P. O. Address Fayette M

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.