

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21072

State File No. _____

Registration District No. 50

Primary Registration District No. 5074

Registrar's No. 38

1. PLACE OF DEATH

(a) County Bates

(b) City or town Mr. Pleasant Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 2.6 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Mr. Pleasant Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARAH A. BONMYER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22
year 1941 hour 11 minute 22

21. I hereby certify that I attended the deceased from June 22 to June 22 1941
that I last saw her alive on June 22 1941
and that death occurred on the date and hour stated above.

4. Sex 1 f

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 2 1870
(Month) (Day) (Year)

Immediate cause of death
Intestinal obstruction
probable carcinoma
Due to of carcinoma

Due to _____

Other conditions (include pregnancy within 3 months of death) Hb

8. AGE: Years 70 Months 7 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Lawyer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Yoder

13. Birthplace Bornheim Co Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lavinia Newman

15. Birthplace Cambria Co Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Doninger

(b) Address Bethel, Mo

17. (a) removed (b) Date thereof June 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coltsville, Mich

18. (a) Signature of funeral director Culver

(b) Address Bethel, Mo

19. (a) June 26 41 (b) Nena E. Culver
(Date received local registrar) (Registrar's signature)

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? 53

(Specify type of place) _____

(e) Means of injury _____

23. Signature L. D. La Hune (M. D. or other) Prad

Address Bethel, Mo Date signed _____

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

700

700

RECEIVED

District Health Officer No. 7

District File Number 7-41-1195

Date Filed 7-15-41

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 R. Stanton Lisle
Licensed Embalmer No. 4123
P. O. Address Butler, 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, fact should be so stated above.