

FILED FEB 13 1942
J. P. ...

State File No.

Registration District No. 287

Primary Registration District No. 4887 6070

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sikeston Mo. Rural 2 miles N.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston Mo. R.F.D. # 1
(If outside city or town limits, write "RURAL")
(d) Street No. Box 340
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Bonner

MEDICAL CERTIFICATION

3. (b) If veteran, name war 3. (c) Social Security No.

20. DATE OF DEATH: Month 1 day 8
year 1942 hour 12 minute 20 P.M.

4. Sex M 2. Color or race C
5. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Vangie Bonner
(c) Age of husband or wife if alive years
6. Birth date of deceased 2 / 7 / 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 5, 1942, to January 8, 1942
that I last saw alive on January 8, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>1</u> hr. min.

Immediate cause of death Coronary Thrombosis
Duration 3 hr

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

Due to
Due to

10. Usual occupation Farming Labor

Other conditions (Include pregnancy within 3 months of death) 107

11. Industry or business
12. Name Henry Bonner
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy

16. (a) Informant Mrs Albert Henderson
(b) Address Sikeston Mo. R.F.D. # 1

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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42
(Month) (Day) (Year)
(c) Place: burial or cremation McMullin Mo.

While at work (Specify type of place) (c) Means of injury o

18. (a) Signature of funeral director Samuel Albert
(b) Address Sikeston Mo.

23. Signature J. P. ... (M. D. or other)
Address Sikeston, Mo. Date signed 1-8-42

19. (a) 1-10-42 (Date received local registrar) (b) H. D. Thompson (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 2-42-160-

Date Filed 2-10-42

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.....

Not Embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed Hunter Abritton.....

Licensed Embalmer No. 4210.....

P. O. Address Sikeston 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.