

FILED APR 2 1942
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH

(a) County Richman

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 0
Method Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Entire Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MYRTLE BONNOT

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married 2 divorced

6. (b) Name of husband or wife Otto Bonnot | 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased Jan. 15 1874
(Month) (Day) (Year)

8. AGE: Years 58 | Months 2 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dont Know

13. Birthplace Dont Know 4
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Sutton

15. Birthplace Agency Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Albert

(b) Address Agency, Mo.

17. (a) Burial (b) Date thereof MAY 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency, Mo.

18. (a) Signature of funeral director H. J. Mathews

(b) Address Agency, Mo.

19. (a) 3-18-42 (b) H. J. Mathews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Richman! 011

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 322 S. 6th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1942 hour 6 minute 30 pm.

21. I hereby certify that I attended the deceased from March 16, 1942 to March 17, 1942
that I last saw her alive on March 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar, left | Duration 4 da

Due to

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. C. Conle (M. D. X)
Address Phys. & Surgs. Bldg. ST. JOSEPH Date signed 3/18/42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *N A Sullivan*

Licensed Embalmer No. *1758*

P. O. Address..... *Lower 7th*

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.