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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27246

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3525

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1707 E. 48th St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Four weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Shawnee 14
(c) City or town Topeka 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 Topeka Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mr. Fred Buel Bonebrake
3. (b) If veteran, name war No
3. (c) Social Security No. 509-01-7147

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Henrietta T. Bonebrake
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 27, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days ~~19~~ 18 If less than one day ..... hr. ..... min.

9. Birthplace Topeka, Kans. /
(City, town, or county) (State or foreign country)
10. Usual occupation Insurance Broker
11. Industry or business
FATHER
12. Name Parkinson I. Bonebrake
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Lowe
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Max L. Strope
(b) Address 1707 East 48th Str. Ter.
17. (a) Removell (Burial, cremation, or removal) (b) Date thereof Aug. 16. 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kans.
18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd Str.
19. (a) 8-16-43 (Date received local registrar) (b) D. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 ~~14~~
year 1943 hour 9 minute P M.
21. I hereby certify that I attended the deceased from July 20, 1943, to Aug 15, 1943
that I last saw him alive on Aug 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 4 days.
Due to 1st hemorrhage several months ago.
Due to High Blood Pressure ?
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 830
Of autopsy

Duration

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)
(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. J. Hamsworth (M. D. or other)
Address 730 Prof. Bldg. K.C. Mo. Date signed 8/16/43

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(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Farnsworth

JAN 29 1957

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.