

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JAN 25 1944

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
R. R. #1, Halls, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Halls, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Bonnett

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eden 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 24, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 4 1942 to Jan 3 1944 that I last saw her alive on Jan 3 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 4 Days 11 If less than one day hr. min.

Immediate cause of death: Acute Coronary Occlusion: 1 hour

Due to: Generalized Arteriosclerosis 1 year

Due to: Chronic Degenerative Nephritis ?

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

Major findings: Of operations: 131

Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

11. Industry or business home

12. Name Lemuel Duty

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Luiza McCoy (City, town, or county) (State or foreign country)

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

16. (a) Informant Earl Bonnett (b) Address Rt 1 Halls, Mo.

17. (a) Burial (b) Date thereof 1-7-44 (c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Barry Funeral Home (b) Address 224 So 10th St, St Joseph, Mo

19. (a) (b) (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?

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

23. Signature Benjamin L. Riley, M.D. (M.D. or other) Address 6207 King Hill Date signed 1-5-44

1227 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

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

D. B. M. Files
6207 King Hill

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..... *Gene Clark*
..... Licensed Embalmer No. *4216*
..... P. O. Address *St Joseph, 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.

State File No. _____

Registration District No. 41

Primary Registration District No. 5132

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Halls Wayne Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. I Hall Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Martha Bennett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 24 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Samuel Duty

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Luzia Mc Coy

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

16. (a) Informant Carl Bennett

(b) Address Rt 1 Halls Mo.

17. (a) Burial (b) Date thereof 17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation sugar creek cemetery

18. (a) Signature of funeral director Berry Funeral Home While at work? _____
(b) Address 224 So 10th St St Joseph Mo. (e) Means of injury _____

19. (a) 2/14/44 (b) Opal E Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Halls Mo. Wayne Sup
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 4
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to Generalized arteriosclerosis Duration 10 yrs.

Due to Chronic degeneration of nephritis

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) _____
(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) _____

23. Signature Benjamin Pelen D.O. (M.D. or other) _____
Address 62070 King Hill Date signed _____

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

MISSOURI SUPPLEMENT

MOTHER FATHER

2802