

3. No. 2  
-8-13  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36852

State File No. \_\_\_\_\_  
Registrar's No. 34

Registration District No. 55 Primary Registration District No. 3011

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME STEPHANIE ANN BONNEY  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 25  
year 1945 hour 1 minute 00 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 22 1943  
(Month) (Day) (Year)

Immediate cause of death Fall in bath tub Duration \_\_\_\_\_  
Basal fracture of skull  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
2 9 3 9 hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Neosho Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Child

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Flow 12 18  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Stephen F. Bonney  
13. Birthplace La Grange Mo 10  
(City, town, or county) (State or foreign country)  
14. Maiden name Shirley Douglas  
15. Birthplace Marcelline Mo 0  
(City, town, or county) (State or foreign country)  
16. (a) Informant Warren Douglas  
(b) Address Carrollton Mo  
17. (a) Burial (b) Date thereof 11-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem  
18. (a) Signature of funeral director Stanley G. Gibson  
(b) Address Carrollton Mo  
19. (a) 11-29-45 (b) Tom Herbert Calvert  
(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) Accident 017  
(b) Date of occurrence 11-25-45  
(c) Where did injury occur? In home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature William G. Atwood (M. D. or other) \_\_\_\_\_  
Address Carrollton Mo Date signed 11/29/45

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-2-41

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 Ben W. Gibson

Licensed Embalmer No. 2961

P.O. Address Carrollton 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.