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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12483

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 591

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution 801 North 2nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 801 No 2nd
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JOHN - Q - BONSALL

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race Whk

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Edith

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 7 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business St Joseph Transfer Co

FATHER
12. Name Do Not Know
13. Birthplace Do Not Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do Not Know
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant John B Bonsall

(b) Address 319 Lot Tanka Lamoni Iowa

17. (a) R. (Burial, cremation, or removal) (b) Date thereof May 3 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Shambaugh Iowa

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St Joseph Mo

19. (a) 5-3-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 9 7

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 30 year 1947 hour 1.30 minute P M.

21. I hereby certify that I attended the deceased from April 19, 1947, to April 28, 1947, that I last saw him alive on April 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis and myocardial degeneration	4 m
Due to Rheumatism	4 m
Due to arteriosclerosis	5 y
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)

While at work? ✓ (e) Means of injury ✓

23. Signature Charles H Werner (M. D. or other)

Address 221 Kirkpatrick Bldg Date signed 4-30-1947

St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Weaver

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 Charles Marshall Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

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.