

Registration District No. 259

Primary Registration District No. 5883

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Bonnots Mill Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME Charles Henry Bonnot

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda Vossen Bonnot 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 1 October 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jule Bonnot
13. Birthplace Bonnots Mill Mo
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Hasenback
15. Birthplace Loose Creek Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. H. Bonnot

(b) Address Bonnots Mill Mo

17. (a) Burial (b) Date thereof 6-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek Mo

18. (a) Signature of funeral director Edythe Maston

(b) Address Lincoln, Mo

19. (a) June 5-47 (b) Mrs Louise Lock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Bonnots Mill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him im ## dead 5-30, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound in the head

Due to _____

Due to _____

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) Suicide

(b) Date of occurrence May 30th, 1947

(c) Where did injury occur? On County Road
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place in Osage County

While at work? _____ (Specify type of place)
(e) Means of injury 22 rifle

23. Signature Edythe Maston Coroner
(Signature)

Address Lincoln, Mo. Date signed 5/31/47

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

16
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 11 1947

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

Vernon M. Moster

Licensed Embalmer No.

4425

P. O. Address

Linn

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.