

FILED DEC 12 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **992**

1. PLACE OF DEATH:

(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
In this community **Entire life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Candem**  
(c) City or town **Macks Creek**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **MATTIE E. BONNER**

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

4. Sex **F** 5. Color or race **N** 6. (a) Single, widow, divorced, widowed **2 divorced, widowed**  
6. (b) Name of husband or wife **Henry E. BONNER** 6. (c) Age of husband or wife if alive **dec. 8-1875**  
7. Birth date of deceased **Jan 8-1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **11** If less than one day hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

12. Name **W. B. Lela**  
13. Birthplace **unk town**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Virginia Edwards**  
15. Birthplace **Cadles Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Shayla Bonner**  
(b) Address **Macks Creek Mo**

17. (a) **Burial** (b) Date thereof **Nov-20-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Macks Creek Mo**

18. (a) Signature of funeral director **J. B. Jones**  
(b) Address **Buffalo Mo**

19. (a) **11-21-47** (b) **W. E. Handley MD**  
(If not registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**  
year **1947** hour **2** minute **9** M.

21. I hereby certify that I attended the deceased from **13 Nov**  
19**47** to **19 Nov** 19**47**  
that I last saw her alive on **19 Nov** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**  
Due to **secondary to exposure after falling while walking in rain**  
Other conditions **Subluxation rt shoulder**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTAL INFORMATION

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) (Specify type of injury)  
23. Signature **Shayla Bonner** M. D. or other **MD**  
Address **Springfield Mo** Date signed **4 Nov 1947**

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

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11-21-47

1947

19 19 19

**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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.