

FILED MAR 1 1951 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38887A

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5757</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Safe (rural)</u>		c. LENGTH OF STAY (in this place) <u>20yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Safe</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Safe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Safe</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Safe</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>			b. (Middle) <u>I.</u>		c. (Last) <u>Bonham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 4, 1947</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21, 1889</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 Hrs. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri (St. James)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lark Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Naomi Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert R. Bonham Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert R. Bonham Sr.</u> ADDRESS <u>Safe, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis Deformans</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm H. Breuer</u>				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>Nov 6-1947</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-47</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-17-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____ <u>St. James, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 27 1951

RECEIVED

7007 07

APR 26 1951

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Carl Eric Richter

Licensed Embalmer No. _____

3546

P. O. Address _____

97 Jimmy MD

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.

Office Hours:

ST. JAMES: 8 a. m. to 12 m. and 1 to 4 p. m. Phone 28

ROLLA HOSPITAL: 10 a. m. to 12 m. and 2 to 5 p. m. Phone 68

And by Appointment

ST. JAMES, MISSOURI

Feb. 15, 1951

To Whom It May Concern:

This is to certify that according to the records of William H. Breuer, M.D. (deceased) Martha L. Bonham, wife of Herbert Bonham, expired Oct. 4, 1947.

Cause of death: Arthritis deformans - 10 yrs.

Signed:

Nora E. House

Nora E. House

Secretary to

Drs. Breuer & Stricker

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Subscribed and sworn to before me this 15th day of February 1951.

My Commission expires: Jan. 5th, 1955.

Leslie Victor Cahill

Notary Public

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