FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 10 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18721
State File No.
Primary Registration District No. 1000
Registrar's No. 716

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: 614½ So. 8th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: five years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 614½ So. 8th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ANDREW LEO BONTA
3. (b) If veteran, name war: None
3. (c) Social Security No.: 301-03-1135
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Irene
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: May (Month) 27, (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
36	1	6	hr. min.

9. Birthplace: Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: McCracken Moving Co.

FATHER:
12. Name: Paris Bonta
13. Birthplace: Cincinatti, Ohio (City, town, or county) (State or foreign country)

MOTHER:
14. Maiden name: Rosie Smith
15. Birthplace: Cinncinatti Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Irene Bonta (wife)
(b) Address: 614½ So. 8th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kerdin Cemetery, Halls, Mo.
18. (a) Signature of funeral director: John E. Kupp
(b) Address: 6054 Pryor Ave., City
19. (a) 7-9-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3, year 1948 hour 11 minute :50 A.M.
21. I hereby certify that I attended the deceased from July 3d, 1948 to Viewed, 19..; that I last saw h.. alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: R. W. Tadlock Coroner (M. D. or other)
Address: KING HILL BLDG St Joseph, Mo. Date signed 7/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—DO NOT WRITE OUTSIDE THIS LINE

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 Grandal R. Slate, Registered Apprentice No. 243 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph,

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.