

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23312-19435  
State File No. 2780

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2780</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>95</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5216 WOODLAND AVENUE 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ARTHUR</u>		b. (Middle) <u>FRANK</u>		c. (Last) <u>BONEBRAKE</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>25</u>		(Year) <u>1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MARCH 1 1924</u>	
9. AGE (in years, month, day, hours, minutes) <u>25 YRS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HARDWARE EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ZAHNER MFG. CO.</u>		11. BIRTHPLACE (State or foreign country) <u>SOUTH BEND, INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>W. H. H. BONEBRAKE</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE LAURIA HANNA</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</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>486-0815428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS MURLE BONEBRAKE, 5216 Woodland</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES <u>coronary heart disease</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>3rd degree burn 1 week prior to coming</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 28 1949 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>clothes caught fire</u>			
22. I hereby certify that I attended the deceased from <u>Feb 27, 1949, to June 25, 1949</u> , that I last saw the deceased alive on <u>June 24, 1949</u> , and that death occurred at <u>7:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry C. Wall</u> (Degree or title) <u>Harry C. Wall, M.D.</u>				23b. ADDRESS <u>205 Argyle Bldg</u>		23c. DATE SIGNED <u>June 29, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-28-49</u>		REGISTRAR'S SIGNATURE <u>Shieldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.