

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19436

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2757

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">32 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">1717 Madison</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1717 Madison</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Sarah</p>			b. (Middle) <p style="text-align: center;">Jenima</p>			c. (Last) <p style="text-align: center;">Bonner</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 23, 1949</p>		
5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">Negro</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>		8. DATE OF BIRTH <p style="text-align: center;">June 16, 1883</p>			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <p style="text-align: center;">66</p>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">None</p>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Overton, Texas</p>			12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">David Thomas</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Texanna Warren</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Joe Bonner</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">492-26-2902</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Katie Walker</p>			ADDRESS <p style="text-align: center;">1717 Madison</p>		

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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Chronic Myocarditis</i></p>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p style="text-align: center;">DUE TO (b) <i>Hypertension</i></p>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">H43K</p>						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)		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 June 3, 1949, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Glass</u> (Degree or title)			23b. ADDRESS <p style="text-align: center;">808 West 17th</p>			23c. DATE SIGNED <p style="text-align: center;">6/24/49</p>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">6/28/49</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Westlawn Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Kansas</p>			

DATE REC'D BY LOCAL REG. <p style="text-align: center;">6-27-49</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Holmes</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Wardens' Burial 1729 Lydia</p>					ADDRESS	
--	--	--	--	--	---	--	--	--	--	---------	--

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

*In Glass
17th June 1911*

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 _____

Student Embalmer No. 327

working under my personal supervision.

Student Ernest Lilly
Student Embalmer

Signed L. Jerome Maloney

Licensed Embalmer No. 3994

P. O. Address 2573 Highland

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.