

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31042**BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 3600 Market		d. STREET ADDRESS (If rural, give location) 3600 Market	

3. NAME OF DECEASED (Type or Print) John Keithly Bonham			4. DATE OF DEATH (Month) (Day) (Year) August 31, 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 9, 1874		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Pike County Missouri		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME William H. Bonham		13b. MOTHER'S MAIDEN NAME Margaret Keithly		14. NAME OF HUSBAND OR WIFE Josie L. Bonham	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Josie L. Bonham		ADDRESS 3600 Market Hannibal Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch pneumonia				5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				33ix	
		DUE TO (c) _____				12 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. High cholesterol Residual hemorrhage				4 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **4-1-49** On **only**, to _____, 19____, that I last saw the deceased alive on **4-1-49**, 19____, and that death occurred at **5:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. P. [Signature]		(Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 9-2-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE September 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 9-6-49		REGISTRAR'S SIGNATURE W. M. Lucke		EMERALD DIRECTOR'S SIGNATURE W. M. Lucke		ADDRESS Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

Green

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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. _____

working under my personal supervision.

Signed _____

John S. Ward

Licensed Embalmer No. 4540

Signed _____
Student Embalmer

P. O. Address Hannibal Missouri

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.