

FILED NOV 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. **33131**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 1196

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural #1 Faucett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>515 south 15th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Route #1 Faucett, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Altha</u> b. (Middle) <u>D</u> c. (Last) <u>Bonwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1949</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>August 28, 1870</u>
9. AGE (In years) (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</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 <u>Home Making</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George R. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Halleck</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas R. Bonwell</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy E. Bonwell</u> ADDRESS <u>Rt. #1 Faucett, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		<u>Ukn</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		<u>Ukn</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>332X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Oct. 22, 1949, to Oct. 27, 1949, that I last saw the deceased alive on Oct 24, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>The Schneider Bldg. St. Joseph, Missouri</u>	23c. DATE SIGNED <u>10-31-49</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Effingham Kansas</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG <u>Nov 4, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>120 Illinois Av</u>
--	---	--

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

Permont

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.

Student
Student Embalmer

Signed.....

Bill J. Cheney

Licensed Embalmer No. *4679*

P. O. Address *St. Joseph, 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.