

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. **34624**

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6962 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iatan</u> <i>Marshall</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iatan</u>	
c. LENGTH OF STAY (In this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilber</u>	b. (Middle) <u>C</u>	c. (Last) <u>Bonnett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7/6/1883</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>68 3 22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Re. R.R. Sec. Laborer Rock Island R.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis F. Bonnett</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Ann Bonnett Wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Bonnett</u>	ADDRESS <u>Iatan, Mo.</u>
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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) <u>coronary disease</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 ~~Deceased~~ viewed the deceased ~~from~~ on Oct 28, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Tom H. Hullett, coroner</u>	23b. ADDRESS <u>Platte City, Mo</u>	23c. DATE SIGNED <u>10/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kerlin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halls, Mo. Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-28-51</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Kepp</u>	ADDRESS <u>6054 Dupre St. Platte, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

6510 837



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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
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.