DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3041

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Marion FILED FEB 7 1940

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal (If outside city or town limits, write "RURAL")

(d) Street No. 609 Fulton (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Lee Bounds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Rachel

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 11, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	29	hr. min.

9. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Labor Foreman for city

11. Industry or business

FATHER
12. Name Wm. Bounds
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry E. Bounds
(b) Address St. Louis Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg

18. (a) Signature of funeral director Crawford Smith
(b) Address Hannibal Missouri

19. (a) Jan. 12, 1940 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 40 hour 1 minute 22 P. M.

21. I hereby certify that I attended the deceased from Jan. 4, 1940, to Jan. 10, 1940; that I last saw him alive on Jan. 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis with Uremia	
Due to Hypertrophied prostate	
Due to Chronic Myocarditis	
Diabetis Mellitus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. L. Murphy (M. D. or other)
Address Hannibal, Mo. Date signed 1-12-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 J. J. Marsh L. E. 3932, Registered Apprentice No.,

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

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, above space should be left blank.