

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14703

State File No.

Registration District No. 4129

Primary Registration District No. 212

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Eugene
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days 5 30

8. (a) PRINT FULL NAME Thomas William Bond

3. (b) If veteran, name war _____ 8. (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 Meca Bond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12th, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 29 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Banker

MOTHER FATHER { 12. Name James J. Bond
13. Birthplace Eugene, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Leona Dixie Henley
15. Birthplace Eugene, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T.W. Bond
(b) Address Eugene, Mo.

17. (a) Burial (b) Date thereof May 13th, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cem.

18. (a) Signature of funeral director G.N. Steffens
(b) Address Russellville, Mo.

19. (a) May 12-1940 (b) Mrs. J.P. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Eugene
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11th, day _____
year 1940 hour 11 minute 20 A.M.M.

21. I hereby certify that I attended the deceased from 2/28 1940 to 5/11 1940; that I last saw him alive on May 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic coma Duration 1 wk

Due to Chronic nephritis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____

Of autopsy _____

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 _____

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? _____

19² While at work? _____ (Specify type of place) (e) Means of injury _____

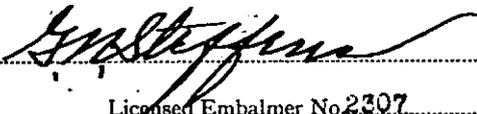
23. Signature A. D. Walker (M. D. or other) _____
Address Eldon Mo Date signed 5/11/40

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2307.....

P. O. Address. Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.