FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15234
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2
(b) Township Joachim 0
(c) ~~City~~ Herculaneum
Registration District No. 42/
Primary Registration District No. 55/5
Registered No. 38
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles E. Bone
(a) Residence, No. Herculaneum Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 21., 1884

7. AGE: Years 55 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fisherman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr., 11., 1940
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

FATHER
13. NAME William Bone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis County Missouri

MOTHER
15. MAIDEN NAME Phoebe White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Missouri

17. INFORMANT Mrs C. M. Leonard
(ADDRESS) Herculaneum Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herculaneum Mo DATE 4/14/40 19

19. FUNERAL DIRECTOR (NAME) Duester & Vinyard
(ADDRESS) Festus Mo.

20. FILED 4/15 1940 J. E. Rutledge M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1940

22. I HEREBY CERTIFY, That I attended deceased from By holding Inquest April 12 1940
I ~~last saw it~~ alive on ....., 19.... Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull,	
Internal injuries	
When struck by automobile	
~~Other contributory causes of importance:~~ on U. S. Highway 61. Deceased was walking on Highway	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Apr. 10, 1940
Where did injury occur? On U. S. Hwy. Herculaneum Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Hit by automobile
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank Frazier, Coroner M.D.
(Address) Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

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, H. H. Wingard, or by .....,

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

Signed H. H. Wingard

Licensed Embalmer No. 3010

P. O. Address Festus 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, above space should be left blank.