

FILED MAY 15 1940

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

15564

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 597
 (b) Township Osage Primary Registration District No. 579B Registered No.
 (c) City (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

(a) Residence, No. 527 Luracie Bond Morgan County, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bond
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

FATHER 13. NAME Corbin Bond
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

MOTHER 15. MAIDEN NAME Nancy Silver
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

17. INFORMANT (ADDRESS) John Bond
508 N. Versailles, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bond Cemetery DATE May 3 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Redwell
W. F. Redwell

20. FILED 5/10 1940 W. F. Redwell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 194022. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to May 1 1940I last saw her alive on Apr 15 1940 Death is saidto have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset unknown
48

Other contributory causes of importance: uterine hemorrhage May 1-40Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. J. Swan, M. D.Address 527 Versailles Mo.

RECEIVED

District Health Officer No. 7,

District File Number 5-40-144

Date Filed

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 *W. F. Caldwell*

Licensed Embalmer No. 1596

P. O. Address *Wesleyville, 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.