

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28444

Registration District No. 292

Primary Registration District No. 4176

Registrar's No. 18

I. PLACE OF DEATH:

(a) County Franklin
(b) City or town Newhauzen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 21
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 1 year years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ALBERT O. BOND

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hester Bond 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Jan 2 1908 (Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Motor Boat Operator

11. Industry or business for Government

MOTHER FATHER
12. Name Albert Bond
13. Birthplace Missouri
14. Maiden name Ella Ranta
15. Birthplace Missouri

16. (a) Informant Wm Hester Bond

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof 9 11 40 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director Wm Hester Bond

(b) Address Newhauzen Mo

19. (a) 9 11 (Date received local registrar) (b) Juffie Janneman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1940 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
Due to Ball from Launch Blue U.S.E.D. on Missouri River

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 8 1940
(c) Where did injury occur? MO River Franklin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO River mi 8 1/2 taken out at 707 (Specify type of place)
While at work? yes (e) Means of injury Drowning
23. Signature Wm Hester Bond (M. Coroner)
Address Newhauzen Mo Date signed 9/17/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Carl Fisher

Licensed Embalmer No.

2385

P. O. Address

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.