

Registration District No. 334

Primary Registration District No. 5466

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County HARRISON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 41

(c) City or town RURAL
(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.? 0 years.

3. (a) PRINT FULL NAME JAMES E. BONDURANT

20. DATE OF DEATH: Month February day (about) 26th
year 1941 hour X minute X M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from X _____, 19____, to Feb 28-1941, 19____;
that I last saw him alive or dead - 8 PM and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death Apoplexy - old age and severe exposure to cold.

6. (b) Name of husband or wife CHLOE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 12 (Month) 22 (Day) 1858 (Year)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

8. AGE: Years 82 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name E. J. BONDURANT

13. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name DO NOT KNOW

15. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Lambrough

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 3/4/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANTIOCH CEMETERY

18. (a) Signature of funeral director L. M. Nease - ad

(b) Address Bethany, Mo. 502

19. (a) 3/3/41 (b) addressed by JMB
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence about Feb 26th 1941

(c) Where did injury occur? near Sherman Harrison - Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In his home - farm - found dead on floor
(Specify type of place) (e) Means of injury

23. Signature R. H. Beets D.O. Coroner
(Name or other)

Address Ridgeway, Mo Date signed 3/1-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

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, fact should be so stated above.