

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7414
Registrar's No. 44

FILED MAP 5 1848 2
Registration District No. 2

Primary Registration District No. 4382

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer Mo.
(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)
(d) Length of stay: In hospital or institution..... (Specify whether
in this community 55 years..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Homer Lee Bone

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Rowena Bone 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 1 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business.....

MOTHER FATHER { 12. Name John Bone

13. Birthplace Arlington Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sue Bugg

15. Birthplace Arlington Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Beck

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Com.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) Feb. 5, 1941 (b) Lola G. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1941 hour 8 minute 30 A..M.

21. I hereby certify that I attended the deceased from Oct 9 - 1940
19..... to Nov 23 - 41 19.....
that I last saw him alive on Nov 23 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 12 hrs
Arteriosclerosis Oct 9 - 1940

Due to.....

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

Major findings:
Of operations 430
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.....

(c) 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?

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

23. Signature F. J. Barnes (M. D. or Other)

Address Thayer Mo Date signed 11-21-41

RECEIVED

District Health Officer No. 5,

District File Number 242,272

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.....

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.