No. 2
9-4-41
17-39
X29484

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

Dr. L. E. Cooper

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3017

State File No.

Registration District No. 269

Primary Registration District No. 439-5909

Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Cooter, (Rural, Cooter Twn.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 78
(a) State: Missouri (b) County: Pemiscot 0
(c) City or town: Cooter, (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Shirley Jean Bond
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 9, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace: Pemiscot County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
12. FATHER Name: William Ellerd Bond
13. FATHER Birthplace: Calhoun County Mississippi (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Bennie Elnora Cook
15. MOTHER Birthplace: Casey Arkansas / (City, town, or county) (State or foreign country)
16. (a) Informant: Ellerd Bond
(b) Address: Steele, Missouri Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Cemetery
18. (a) Signature of funeral director: German Undt. Co.
(b) Address: Steele, Missouri Bon 121
19. (a) 2-3-43 (Date received by local registrar) (b) C. C. Limbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1943 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from 1-17-1943 to 1-24-1943 that I last saw him alive on 1-22-1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: L. E. Cooper (M. D. or other) M.D.
Address: Cooter, Mo Date signed 1-28-43

1207

(Licensed Embalmer's Statement on Reverse Side)

1-39-43

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3017

Registration District No. 269 Primary Registration District No. 5907 Registrar's No. 6

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Shirley Jean Bond

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 9 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour minute M.

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

	Duration
Immediate cause of death Bronchial Neumonia	
Due to Upper Respiratory Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Cooper (M. D. or other) M.D.
Address Cooter, Mo. Date signed