S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5318

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 222

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 917 South 8th Street
(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): 5 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 917 South 8th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Josephine Beem Bond
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband: James A. Bond
6. (c) Age of husband if alive: 83 years
7. Birth date of deceased: February (Month) 26 (Day) 1867 (Year)
8. AGE: Years 75 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace: Porter County (City, town, or county) / Indiana (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): Stephen Coleman
13. Birthplace (Father): Unknown (City, town, or county) / Unknown (State or foreign country)
14. Maiden name (Mother): Nancy Little
15. Birthplace (Mother): Unknown (City, town, or county) / Ohio (State or foreign country)
16. (a) Informant: Jasper Bond
(b) Address: Petroy, Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Mr. E. R. Sidenfaden
(b) Address: 602 So. 10th Street
19. (a) 2-22-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 20 year: 1943 hour: 8 minute: 15 M.
21. I hereby certify that I attended the deceased from Feb. 9, 1943 to Feb. 20, 1943 that I last saw h. alive on Feb. 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 93d
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: M. Silverstein (M. D. or other): M.D.
Address: 620 Francis Date signed: 2-22-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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, fact should be so stated above.