

ED SEP 13 1943

Registration District No. **256**

Primary Registration District No. **2001**

Registrar's No. **485**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**

(c) Name of hospital or institution: **St. Johns**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether
years, months or days) **lifetime**

3. (a) PRINT FULL NAME **David Lee Bond**

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

4. Sex **male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **infant**

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

7. Birth date of deceased **June 19 1943**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Fred G. Bond**

13. Birthplace **Ark. Stone Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Dogdine**

15. Birthplace **Vinita Okla.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fred G. Bond**

(b) Address **2405 Adele St**

17. (a) **Burial** (b) Date thereof **8-25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem**

18. (a) Signature of funeral director **Hamill Wilson**

(b) Address **Joplin Mo**

19. (a) **8-28-43** (b) **Detmund Sudholt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **2405 Adele** (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26th**
year **1943** hour **11** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **June-19**
19**43** to **Aug-** 19**43**

that I last saw him alive on **Aug-29** 19**43**
and that death occurred on the date and hour stated above

Immediate cause of death **mat rubellatum in a premature infant**

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 **Charles C. Ginter** (M. D. or other)

Address **306 Pine St** Date signed **8-28-43**

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

19
2
5

Pr c-e-1010

3

1244

Joplin Mo

43-8-756

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 *Kenneth F. White*

Licensed Embalmer No. *4240*

P. O. Address *Joplin, 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.