S. No. 2
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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. 8489

FILED FEB 23 1944

Registration District No. 3074 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
Sikeston General 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County Scott 5

(c) City or town Sikeston 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME William E. Bone

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0 S

6. (b) Name of husband or wife

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

7. Birth date of deceased 111 (Month) 20 (Day) 1866 (Year)

8. AGE: Years 77 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Rector (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Key Maker

11. Industry or business

FATHER
12. Name William Bone
13. Birthplace Rector (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Margaret ?
15. Birthplace Rector (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Mrs Emma Bone
(b) Address Sikeston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton
(b) Address Sikeston Mo.

19. (a) 12/16/44 (Date received local registrar) (b) Louie Largent (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1943 hour 11 minute 45 p.M.

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

Immediate cause of death Violent Blows on his head which were inflicted by Party or Parties to the Jury Unknown

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.

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

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

(b) Date of occurrence 12/28/43

(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (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 3

23. Signature Clyde Pal (M.D. or other) Coroner

Address Sikeston Mo Date signed 12/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-351
Date Filed 2-21-44

MAR 3 1944

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 Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed John Albritton

Licensed Embalmer No. 2940

P. O. Address Sikeston 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.