

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 13 1944**  
Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 3016

State File No. 30770  
Registrar's No. 223

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

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution. 3wks (Specify whether Life)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 111 Monroe  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Lonnie T. Bond  
3. (b) If veteran, name war no  
3. (c) Social Security No. 491-24-0225

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 24  
year 1944 hour 3 minute P.M.

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Reba Deceased 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Oct. 5, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1944 to Oct 4 1944  
that I last saw him alive on Oct 4 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 11 29 hr. min.

Immediate cause of death Coronary artery disease,  
Chronic nephritis  
Due to Chronic nephritis  
Duration 10 yrs  
45 yrs

9. Birthplace Eugene, Mo. (City, town, or county) (State or foreign country) 0

Other conditions (Include pregnancy within 3 months of death)  
Due to 1312  
Major findings:  
Of operations 1312  
Of autopsy

10. Usual occupation Foreman Prison Shoe Shop  
11. Industry or business

MOTHER FATHER  
12. Name William S. Bond  
13. Birthplace Ky (City, town, or county) (State or foreign country) 1  
14. Maiden name Mrs Mary R. Stephens  
15. Birthplace Ky (City, town, or county) (State or foreign country) 1

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

16. (a) Informant Mrs Mable Bogg  
(b) Address Jefferson City, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cem

23. Signature James A. Hill (M. D. or other)  
Address Jefferson City Mo Date signed 8-44

18. (a) Signature of funeral director Victor Buescher  
(b) Address Jefferson City, Mo.  
19. (a) 10-6-44 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

OCT 13 1944

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

10-12-44

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

*Victor Biescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.