. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41825

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 424

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1122 East Third
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few months (Specify whether

In this community lifetime in Sedalia
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1122 East Third
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ernest Leo Bond

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ada Younger Bond

6. (c) Age of husband or wife if alive deceased 1907 years

7. Birth date of deceased October 12 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer -clerk retail store

11. Industry or business

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

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

16. (a) Informant Fred Bond; (brother)

(b) Address 1122 East 3rd, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Missouri

19. (a) 12/29/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 27 AM, 1944, to Dec 27 PM, 1944 that I last saw him alive on Dec 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia + Myocardial Degeneration

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

23. Signature W. T. Bishop (M. D. ~~or other~~)

Address Sedalia Mo. Date signed 12-28-44

102 25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-5-78

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.