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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 1615 E. Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia (If outside city or town limits, write "RURAL") 6

(d) Street No. 1615 E. Broadway (If rural, give location) 4

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN MILTON BONDURANT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Clara J. Bondurant

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

7. Birth date of deceased 10 (Month) - 11 (Day) - 1857 (Year)

8. AGE: Years 87 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Real Estate

11. Industry or business

FATHER
12. Name David Crews Bondurant
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Crews
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J.R. Bondurant

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parkers

(b) Address Columbia, Mo.

19. (a) 1-26-45 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 11-26 1944, to 1-23- 1945 that I last saw him alive on 1-23- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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. P. Dean (M. D. or other) MD

Address Columbia Mo. Date signed 1-24-45

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-2-45

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 Chas. L. Zarin

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.