S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24774

FILED JUL 16 1945

Registration District No. 24

Primary Registration District No. 3056

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 109 South 4th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community about 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County ~~Monroe~~ Rock

(c) City or town Milton
(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

3. (a) PRINT FULL NAME Lillian Frances Bond

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F P

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 31 (Day) 1856 (Year)

8. AGE: Years 88 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name Rev Geog W. Browning
13. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Nancy Lee Mattingly
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs. S. Moody
(b) Address 109 S. 4th St Moberly

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Milton Wisconsin

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.

19. (a) 6-16-45 (Date received local registrar) (b) Irma Kave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1945 hour 6 minute 05 P M.

21. I hereby certify that I attended the deceased from June 14, 1945, to June 15, 1945 that I last saw her alive on June 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days

Due to ✓

Due to ✓

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations June 16-45

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 (M. D. or other)

Address Date signed

7086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1075
Date Filed JUL 13 1945

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.