

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27723

State File No.

Registrar's No.

FILED AUG 18 1945

Registration District No.

Primary Registration District No.

5622

269

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Myrtle Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Sidney Bone

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Arminda Martha 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased Aug 6 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Edina MO (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

12. Name Wm H. Bone

13. Birthplace Shelby Co. Ill (City, town, or county) (State or foreign country)

14. Maiden name Fairman A. Covington

15. Birthplace Page Co Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Baker (b) Address Knox City MO

17. (a) Burial, cremation, or removal Burial (b) Date thereof 6-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Knox City Cemetery

18. (a) Signature of funeral director Herb H. Backett (b) Address Memphis MO

19. (a) 6-15-45 (b) Wm H. Bone (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Knox City Rural (If outside city or town limits, write "RURAL")
(d) Street No. Myrtle Twp (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1945 hour 6 minute — P. M.

21. I hereby certify that I attended the deceased from June 10 to June 11, 1945
that I last saw him alive on June 10 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 d

Due to Myrtle stenosis unknown

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —

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? —

(e) Means of injury —

While at work? — (Specify type of place)

23. Signature E. J. Hillis (M. D. or other) —

Address Knox City MO Date signed 6/14/45

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1243

Date Filed AUG 1-6 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

Fred Gerth

Licensed Embalmer No.

4256

P. O. Address

Memphis

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.