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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 25 1946** THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3769**  
Registrar's No. **253**

Registration District No. **297** Primary Registration District No. **3056**

1. PLACE OF DEATH:  
(a) County **Randolph**  
(b) City or town **Proberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **608 Cleveland**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
In this community **60 years.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Proberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **608 Cleveland**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **J. CROSE BOUNDS**  
3. (b) If veteran, name war **None**  
3. (c) Social Security **#86-12-3209**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **19<sup>th</sup>**  
year **1945** hour **4** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Coroner's Case**, 19...  
that I last saw h. **alive on** ... 19...  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bertha Bounds** 6. (c) Age of husband or wife if alive **82** years  
7. Birth date of deceased: **Jan - 18 - 1867**  
(Month) (Day) (Year)

Immediate cause of death: **Natural Undetermined Probably Heart attack**  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **4**  
Of operations  
Of autopsy **95**

8. AGE: Years **78** Months **11** Days **1**  
If less than one day hr. min.

9. Birthplace **Monroe Co. Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Shoe Worker**  
11. Industry or business **Brown Shoe Factory**  
12. Name **George Bounds**  
13. Birthplace **Monroe Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sallie Crose**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

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.

MOTHER FATHER  
16. (a) Informant **A. B. Harne**  
(b) Address **Proberly MO.**  
17. (a) **Burial** (b) Date thereof **Dec-21-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Proberly MO.**  
18. (a) Signature of funeral director **Snow Funeral Home**  
(b) Address **Proberly MO.**  
19. (a) **Dec 21-1945** (b) **Joah Williams**  
(Date received local registrar) (Registrar's signature)

23. Signature **R.H. Williams** (M. D. or other)  
Address **Proberly MO.** Date signed

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

100.00

MAY 23 1948

JUL 10 1948

JUL 17 1948

RECEIVED

District Health Officer No. 10

District File Number 1-46-117

Date Filed JAN 23 1948

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. *H117*.....

P. O. Address..... *Proberly 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.