

FILED MAY 16 1946
Registration District No. **560**

Primary Registration District No. **3076**

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
1606 North Washington
(If not in hospital or institution, write street number or location)

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

In this community _____

3. (a) PRINT FULL NAME William Stiles Bound

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased December 3 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Shinkshinney Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Engineer

11. Industry or business _____

MOTHER { 12. Name David T. Bound

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Hotchkiss

15. Birthplace Windsor New York
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bound

(b) Address 1618 North Washington

17. (a) Burial (b) Date thereof March 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Missouri

19. (a) H-H-46 (b) Kathryn Yancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon **108**

(c) City or town Nevada **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 1606 N. Washington **2**
(If rural, give location)

(e) Citizen of foreign country NO (Yes or No) **11**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1946 hour 7 minute 55P M.

21. I hereby certify that I attended the deceased from 9 About 1940, to Mar 13 1946
that I last saw him alive on Mar 12 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Mar 13 1946

Due to Hypertension Don't know

Due to nia

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations none **(B0)**

Of autopsy none

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 MI

23. Signature W. H. Loss (M. D. or other) **3/13/46**
Address Nevada, Mo Date signed _____

RECEIVED

District Health Officer No. 71

District File Number 4-46-148

Date Filed 5-15-46

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 ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.