

S. No. 2
M-2-43
.5-17-39
PI X35697

FILED JUN 20 1946

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 161

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
507 W. Marv
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Most of life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 507 W. Marv
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas N. Bondurant
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Norton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 12 1856
 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co., Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Brick Mason

11. Industry or business _____

MOTHER FATHER { 12. Name David Bondurant
 13. Birthplace Unknown Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Almira Hope
 15. Birthplace Unknown Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura McKoon

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 6/6/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Ground Cmt.

18. (a) Signature of funeral director D. E. Kelly

(b) Address Kirkville, Missouri

19. (a) 6-5-46 (b) W. E. Lambert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1 1946 to June 4 1946
 that I last saw him alive on June 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Aspirational pneumonia Duration 2 day
 Due to Chronic myocarditis years
 Due to Chronic nephritis years
prostatitis
 Other conditions senility
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 19/18
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury 2
 23. Signature M. T. Gutescher (M. D. or other) MD
 Address Kirkville, Mo. Date signed 6-5-46

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

18240

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RECEIVED
District Health Officer No.
District File Number 6-46-118
Date Filed JUN 13 1946

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 DEE Riley
Licensed Embalmer No. 4181

P. O. Address.....

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.