/. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39933

Registration District No. 65 Primary Registration District No. 5250 Registrar's No.

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town BRUNSWICK (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME HENRY E. BONDY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 8. (Day) 1875 (Year)
8. AGE: Years 71 Months 9 Days 16 If less than one day hr. min.
9. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM WORK
MOTHER FATHER
12. Name JOHN BONDY
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
14. Maiden name ANNA MAY LUSCHER
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
16. (a) Informant FRED BONDY
(b) Address BRUNSWICK MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation BRUNSWICK MO
18. (a) Signature of funeral director L. Moeller
(b) Address BRUNSWICK MO.
19. (a) Dec 2-46 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24 year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from November 22, 1946, to November 24, 1946; that I last saw him alive on November 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right lower lobe pneumonia.	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
While at work (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Moberly, Missouri Date signed Nov. 27, 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-11-47

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 L M Cousins

Licensed Embalmer No. 823

P. O. Address Brunswick 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.