

No. 2
5-17-39
I X36271

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **141114**
Registrar's No. **1**

Registration District No. **192** Primary Registration District No. **5206**

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 mi. North of Anderson - Hiway 71
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
life (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bobbie Lee Bond**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Myla Bond** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **March 5 1929**
(Month) (Day) (Year)

8. AGE: Years **17** Months **10** Days **22** If less than one day hr. min.

9. Birthplace **Newton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**
11. Industry or business **Farm**

MOTHER FATHER

12. Name **W. T. Bond**
13. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)
14. Maiden name **Mildred Williams**
15. Birthplace **Newton Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. T. Bond**
(b) Address **Goodman Mo. Route #1**
17. (a) **Burial** (b) Date thereof **Jan 30 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakwood Cem.**

18. (a) Signature of funeral director **Wm. Morris Paul**
(b) Address **Wheaton, Missouri**

19. (a) **4-10-47** (b) **Virginia Buck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **McDonald** **60**
(c) City or town **Goodman (rural)** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Split Log community** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27**
year **1947** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Crushed by Truck
Due to _____
Internal Injuries
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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) **accident** **60**
(b) Date of occurrence **Jan 27 - 1947**
(c) Where did injury occur? **Goodman, McDonald Co**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Route Highway

While at work? _____
(Specify type of place) (e) Means of injury **Crushed**

23. Signature **K. M. Humphrey** (M.D. or other) **3**
Address **Pikeville, Mo.** Date signed **2-3-47**

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

RECEIVED

District Health Officer No. 6;

District File Number 447-461

Date Filed APR 22 1947

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 Wm. Marie Dyer

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.