S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25326

FILED JUL 26 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2815

20
17
9

1. PLACE OF DEATH: FILED JUL 26 1947
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital 0
(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 Kansas (b) County Barton 999
(c) City or town Hoisington 14
(If outside city or town limits, write "RURAL")
(d) Street No. 219 East First Street 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Homer Hartwell Bone
3. (b) If veteran, ~~Hartwell~~ name war - No
3. (c) Social Security No. 702-14-9350

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Eva M. Goodwin
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November (Month) 28 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	22	8 hr. 15 min.

9. Birthplace Clarksville (City, town, or county) Tennessee (State or foreign country) /
10. Usual occupation Crane operator, retired
11. Industry or business Missouri Pacific R.R. Co.

FATHER
12. Name George Kelly Bone
13. Birthplace Woods Valley (City, town, or county) Tennessee (State or foreign country) /

MOTHER
14. Maiden name Martha Jane Slayden
15. Birthplace Woods Valley (City, town, or county) Tennessee (State or foreign country) /

16. (a) Informant Mrs. W. J. Langham
(b) Address Hoisington, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hoisington, Kansas
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.
19. (a) JUL 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 13, 1947 to 20 July 1947 that I last saw him alive on 19 July 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of recto-sigmoid c̄ metastases	3-4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Vincent G. Eude M.D. (M. D. or other)
Address Mo Pac Hosp Date signed 20 July 47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 18 1958

OCT 1 1949

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, 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.