

FILED APR 6 1948
Registration District No. **227**

Primary Registration District No. **5804**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County **MONROE**

(b) City or town **RURAL - JACKSON TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **MONROE CO. INFIRMARY 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 MONTHS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE 69**

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

(d) Street No. **4 MI. W. OF SANTA FE 0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **LEWIS DONELL BOND**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR.** day **17**
year **1948** hour **7** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **Dec**
6, 19**47** to **MAR 17**, 19**48**
that I last saw him alive on **MAR 17**, 19**48**
and that death occurred on the date and hour stated above. *Duration*

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **BELLE BOND**

6. (c) Age of husband or wife if alive **29** years (Month) (Day) (Year)

7. Birth date of deceased **JULY 29 1857**
(Month) (Day) (Year)

Immediate cause of death **Chronic myocardial infarction**

8. AGE:

Years	Months	Days	If less than one day
90	7	23	hr. _____ min _____

Due to _____

Due to _____

9. Birthplace **DAVIS CO. IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

12. Name **N.K.**

13. Birthplace **N.K.**
(City, town, or county) (State or foreign country)

14. Maiden name **N.K.**

15. Birthplace **N.K.**
(City, town, or county) (State or foreign country)

16. (a) Informant **FLOYD BOND**

(b) Address **STAR RT. PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof **MAR 19 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SANTA FE, MO. Speed at Lake**

18. (a) Signature of funeral director **PARIS, MO.**

(b) Address _____

19. (a) **3-18-48** (b) **Elbert B. Baker**
(Date received local registrar) (Registrar's signature) **3-18-48**

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations **90%**

Of autopsy _____

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)

23. Signature **W. M. [Signature]** (M. D. or other) _____

Address **PARIS, MO.** Date signed **3-18-48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 4-48-603
Date Filed APR - 2 1948

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

W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address

Paris, 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.