

FILED JUN 21 1948

Registration District No. 304

Primary Registration District No. 6041

Registrar's No.

1. PLACE OF DEATH:

(a) County RIPLEY
(b) City or town RURAL RT#1 NAYLOR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 YEARS (Specify whether years, months or days)
In this community 55 YEARS

3. (a) PRINT FULL NAME JOHN T. BOND

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOSEPHINE BOND 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased APRIL 1 1862 (Month) (Day) (Year)

8. AGE: Years. 86 Months 2 Days 1 If less than one day hr. min.

9. Birthplace OHIO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

12. Name JOHN T. BOND
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. O. ORMSBY

(b) Address RT#1 NAYLOR, MO.

17. (a) BURIAL (b) Date thereof 6-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation NAYLOR SEM.

18. (a) Signature of funeral director Blacks & Mortuary

(b) Address Blacks & Mortuary

19. (a) 6-4-48 (b) 1800 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPLEY 91
(c) City or town RURAL RT#1 NAYLOR 000
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 2 June 1948 to 2 June 1948
that I last saw him alive on 2 June 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Hypertension
Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Means of injury

23. Signature Frank C. Johnson (M. D. or other) M. D.
Address Compton, Mo. Date signed 2 June 48

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

RECEIVED 6-15-48
District Health Officer No. 8,
District File Number 648405
Date Filed 7-1-48

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.....

Licensed Embalmer No.....

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.