

FILED AUG 9 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Nev Wash Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 3d.
(Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME FRANKLIN-A.-BOND

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 14 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pensioner

11. Industry or business none

12. Name Benjamin F. Bond

13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Gady

15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp.

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Aug 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Outlets

18. (a) Signature of funeral director Allen J. Jones

(b) Address Nevada, Mo.

19. (a) 8-4-48 (b) Ralph J. Janczy
(Date received local registrar) (Registrar's signature) 2311

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1948 hour 4 minute 15A M.

21. I hereby certify that I attended the deceased from May 31, 1948 to Aug 3, 1948
that I last saw him alive on Aug 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease

Due to ✓

Due to ✓

Other conditions Hypertension - Papilloma of Tongue
(Include pregnancy within months of death)

Major findings: ✓
Of operations ✓

Of autopsy ✓ 576

22. If death was due to external causes, fill in the following: No.

(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 Paul L. Barone (M. D. or other)
Address State Hosp - Nevada Date signed Aug 3

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

RECEIVED

District Health Officer

District File Number 2-4

Date Filed 8-7-42

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 *not*.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Alben V. Hayes*.....

Licensed Embalmer No. *1968*.....

P. O. Address *Nevada, 1*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.