

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13866

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Monroe Jm		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Monroe Township	
c. LENGTH OF STAY (in this place) 3 Yrs.		d. STREET ADDRESS (If rural, give location) MONROE CITY 0690 R 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) HENRY	c. (Last) BOND	4. DATE OF DEATH (Month) (Day) (Year) April 23 1950
--	-------------------------	--------------------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPTEMBER 16 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 48 HRS. Hours 7 Mins.
-----------------------	----------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ralls County Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME James H. Bond	13b. MOTHER'S MAIDEN NAME Jane TURNBOUGH	14. NAME OF HUSBAND OR WIFE EDITH BOND
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Delpha Thompson	ADDRESS Monroe City
---	--------------------------------------	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 5 MIN.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **APR 23 1950**, to **APR 23 1950**, that I last saw the deceased alive on **APR 23 1950**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. W. L. ...	(Degree or title) M.D.	23b. ADDRESS Monroe City Mo	23c. DATE SIGNED Apr 25 1950
--	----------------------------------	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-25-50	24c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY	24d. LOCATION (City, town, or county) (State) Ralls County Mo.
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 4-26-50	REGISTRAR'S SIGNATURE Anna Margret Burdick	4375 FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS	ADDRESS Monroe City Mo.
--	--	---	-----------------------------------

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

VS FEB 23 1960

RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
Date Filed

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Worship City, 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.