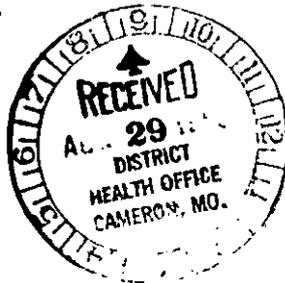


0440

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5541 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Craig, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Craig, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bond</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>19</u> (Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 20, 1950</u>
9. AGE (In years, last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 RES. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Holt Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Nixon</u>	
13b. MOTHER'S MAIDEN NAME <u>Elisabeth Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Bond.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Gillis, Mound City, Mo.</u>			
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) <u>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure-Heart Block 3 weeks</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4330	
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)	
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 <u>Aug 17, 1950</u> , to <u>Aug 19, 1950</u> ; that I last saw the deceased alive on <u>Aug 19, 1950</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Bruce M. Roe, M.D.</u>		23b. ADDRESS <u>Craig Mo.</u>	
23c. DATE SIGNED <u>Aug 19/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Crawford, Mound City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 19 1950</u>		REGISTRAR'S SIGNATURE <u>Dr. Bruce M. Roe</u>	



SEP 12 1950  
SEP 14 1950

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *W. C. Campbell*

Licensed Embalmer No. 1824

P. O. Address Maumelle City Mo

Signed.....  
Student Embalmer

**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.