

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18450
Do not use this space.

JUN 20 1939

1. PLACE OF DEATH
 (a) County COLE Registration District No. 212
 (b) Township CLARK Primary Registration District No. 5292
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN W. BOND
 (a) Residence, No. EUGENE, MO. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF CORA BOND (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14th, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>7</u>	<u>14</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Eugene (STATE OR COUNTRY) Missouri

FATHER 13. NAME William S. Bond

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Cora Bond (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden Cem. DATE May, 30th, 1939.

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED May 30, 1939 Mrs. J. R. Glover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1939

22. I HEREBY CERTIFY That I attended deceased from June 9 1938 to May 28 1939
 Last saw him alive on May 25 1939 Death is said to have occurred on the date stated above, at 4-A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebrovascular
Chronic Myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Robert E. Murrell D.O. _____
 (Address) Russellville, Mo.

Date of onset 12/11/38

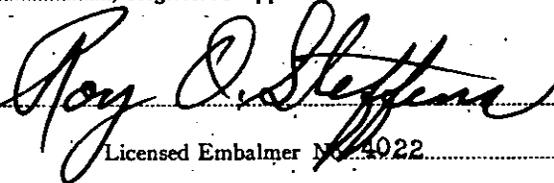
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Roy O. Steffens, Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 4022

P. O. Address Russellville, 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, above space should be left blank.