. No. 2
-11-10-39
5-17-39
MAY 15 1940
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15495

Registration District No. 561 Primary Registration District No. 5 753 Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Miller

(b) ~~City or town~~ Saline Township Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 7

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Miller

(c) City or town Eugene, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James J. Bond 530

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 19th, 1856 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Eugene, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 1

FATHER
12. Name Mack Bond.
13. Birthplace K.Y. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. L. Edwards
(b) Address Eugene, Mo.

17. (a) Spring Garden Cem (b) Date thereof May 5th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring Garden Cem.

18. (a) Signature of funeral director G. N. Steffens
(b) Address Russellville, Mo.

19. (a) 5-6-1940 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. 3rd, 1940 day
year hour 6 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to 5/3 , 1940;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block.	Sudden
Due to Myocarditis.	?
Due to Arterio Sclerosis.	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. D. Allen (M. D. or other)
Address Eldon Mo. Date signed 5/5/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 40-57
Date Filed 5-13-40

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 G.N.Steffens, Registered Apprentice No. ....., working under my personal supervision.

Signed G N Steffens

Licensed Embalmer No. 2307

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.