

No. 2  
13-40  
47-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25867

Registration District No. \_\_\_\_\_

Primary Registration District No. 4373

State File No. \_\_\_\_\_

Registrar's No. 622

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Graham Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Since 1870 years, months or days

3. (a) PRINT FULL NAME Elizabeth Jane Bond

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wish Martin Bond 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept 13 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>79</u>	<u>10</u>	<u>9</u> hr. _____ min.

9. Birthplace Clark County, Henrysville, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John H. Bohart

13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Johnson

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Bond

(b) Address Graham Missouri

17. (a) Burial (b) Date thereof July 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.F. Graham Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main, Marshall Mo.

19. (a) Aug 13 1940 (b) Nys Ed Bond  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Graham Missouri  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jul day 22 year 1940 hour \_\_\_\_\_ minute 10 a. M.

21. I hereby certify that I attended the deceased from Jul 1 1940 to Jul 22 1940

that I last saw he alive on Jul 22 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Old age

Due to 77

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E.L. Morgan (M. D. or other) \_\_\_\_\_  
Address Graham Mo Date signed 7/23/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11,

District File Number 840-1271

Date Filed AUG 14 1948

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.....

W. H. Campbell

Registered Apprentice No.....

working under my personal supervision.

Signed

W. H. Campbell

Licensed Embalmer No.....

2620

P. O. Address.....

Maryville 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.