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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13580**
Registrar's No. **1561**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1561**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Mersey Hosp.
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 8 dgs.
(Specify whether)

In this community 7 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City **14**
(If outside city or town limits, write "RURAL")

(d) Street No. 1327 So. 28th St
(If rural, give location)

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

3. (a) PRINT FULL NAME TERRY JOHN BOND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1941 hour 2 minute 4 M.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

21. I hereby certify that I attended the deceased from Apr 18, 1941, to Apr 18, 1941
that I last saw h. l. m. alive on Apr 18, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Intestinal obstruction

Due to Volvulus -

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

Due to 17 2/3

Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased July 22, 1931
(Month) (Day) (Year)

Major findings terminal pneumonia
Of operations ✓

Of autopsy Same

8. AGE: Years 9 Months 8 Days 26 If less than one day hr. min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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? _____

10. Usual occupation Child

11. Industry or business Child

12. Name Gerty Bond

13. Birthplace Macomb, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Frank Ash

15. Birthplace Staley, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Scott Eising

(b) Address 322 No 7th St

17. (a) Removal (b) Date thereof 4-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

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

23. Signature W S Loderhose (M. D. or other)
Address 1316 Prof. Bldg Date signed Apr 18 41

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.

Registered Apprentice No.

Signed

L. A. Reising

Licensed Embalmer No.

3122

P. O. Address

Kansas 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.

MISSOURI BOARD OF EMBALMERS
ST. LOUIS, MISSOURI

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1561

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(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 Jerry John Bond

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>8</u>	<u>26</u>	hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name.

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

14. Maiden name.

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

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address 4/20/41

19. (a) (Date received local registrar) (b) M. D. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month April day 18th
year 1941 hour minute M.

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

Immediate cause of death. Intestinal Obstruction Duration

Due to Valvular

Due to Terminal Pneumonia
Hypostatic pneumonia

Other conditions. h. m. o.
(Include pregnancy within 3 months of death)

Major findings: 122B, 1
Of operations

Of autopsy. 122A

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?

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

23. Signature W. B. Soderberg (M. D. or other)

Address 516 P. St. Bldg. Date signed.....

SUPPLEMENTARY

S-13580