No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dyer

State File No. 25807

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 225

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

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: 705 East 11th.St. /
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 86

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 7

(d) Street No. 705 East 11th.St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Henry Bond

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Josephine Bond

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 24-1872 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 0 | 14 | hr. min. |

9. Birthplace Olean (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Shelby C.Bond
13. Birthplace (City, town, or county) / Kentucky (State or foreign country)

MOTHER
14. Maiden name Angeline Hake
15. Birthplace (City, town, or county) / Kentucky (State or foreign country)

16. (a) Informant Mrs.J.H.Bond
(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mem.Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia,Mo.

19. (a) 7/12/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)
906

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8
year 1941 hour 2 pm minute ..... M.

21. I hereby certify that I attended the deceased from 11/15-40, 19..., to to July 8, 1941;
that I last saw him alive on 2/18, 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death apoplexy | instant |
| Due to Hypertension | |
| Due to | |
| 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 L P Dyer (M. D. or other) 0
Address Sedalia Mo Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

DEC 3 1943

## 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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. E. Boillin

Licensed Embalmer No. 3867

P. O. Address Sedalia, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**