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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942
85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1687

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 70 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3308 St. Joseph Ave/
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Mark W. Bond

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

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

7. Birth date of deceased June 16 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 5
If less than one day hr. min.

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

10. Usual occupation Retired Manager

11. Industry or business Parkway Grocery

12. Name Levi R. Bond

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

14. Maiden name Elizabeth Fagins

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

16. (a) Informant Ben Bond

(b) Address 3022 Miller Ave. St. Joseph, Mo

17. (a) Burial (b) Date thereof Jan. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Norman W. Bedenford

(b) Address 1802 Union Str. St. Joseph, Mo

19. (a) Date received local registrar Jan. 22, 1942
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from
Jan 14 1942 to Jan 21 1942
that I last saw him alive on Jan 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Ruptured Aortic Aneurysm

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (a) means of injury

23. Signature Norman W. Bond (M. D. or other)

Address 3308 St. Joseph Ave. Date signed 1-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

P

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..... *Albert P. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. _____

1. PLACE OF DEATH: Buchanan
 (a) County Buchanan
 (b) City or town St. Joseph
 (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)
 (d) Length of stay: In 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) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mark W. Bond
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day _____ year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____;
 that I have seen him _____ live on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 16 (Month) (Day) (Year)
 8. AGE: Years 75 Months 7 Days _____ If less than one day _____ min.

Duration _____
Disrupted Aortic aneurism
 Due to _____
W.R. Negative
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry of 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)

Major findings: Of operations 96
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____ (Registrar's signature)
 (Date received local registrar)

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

5-1687