

FILED FEB 27 1942
Registration District No. 2043

Primary Registration District No. 3014

26
5
4

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

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 69 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Minava Bond

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

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased April 16 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Cole County (City, town, or county) (State or foreign country) Mo. D

10. Usual occupation Housework

11. Industry or business At Home

12. Name John Rose

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

14. Maiden name Nancy M. Rose

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

16. (a) Informant W. W. Bond

(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42
(Month) (Day) (Year)

(c) Place: burial or cremation Springarden

18. (a) Signature of funeral director Carroll Lewis

(b) Address 700 Jefferson

19. (a) Feb 3-1942 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1942 hour 2 minute 0 a. M.

21. I hereby certify that I attended the deceased from Jan 20 1942 to Jan 31 1942
that I last saw her alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of duodenum accompanied by V. Thromb. (embolus of water)
Due to _____

Due to _____
Other conditions Concomitant
(Include pregnancy within 3 months of death)
Hypertension (Hypertension)

Major findings: _____
Of operations _____
Of autopsy H&C

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?

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

23. Signature Beulah Taylor (M. D. or other) Mo
Address Jefferson City Date signed 2-2-42

294

Sam Taylor

NOV 9 1957

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. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address..... *J. P. P. O.*

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.