

FILED MAY 27 1943

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Barton Lamar
(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 10 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar, MO. R.F.D
(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 WILLIAM LEVI BOND

3. (b) If veteran, name war No 3. (c) Social Security No. 496-10-6227

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

6. (b) Name of husband or wife Cecile Bond 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb 18th, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>20</u>	hr. min.

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

10. Usual occupation Laborer and Farmer

11. Industry or business _____

12. Name Calvin Bond

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

14. Maiden name Elizabeth Cammack

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

16. (a) Informant Lamar, MO

(b) Address Burial

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 5-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Breakdown Cemetery K.C., Mo

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) 5-11-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/4/2

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) (c) MEANS OF INJURY _____

23. Signature Roger D. Barner (M. D. or other)

Address Lamar, Mo. Date signed 7/8/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 543-662

Date Filed MAY 24 1949

MAY 23 1949

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 *R. W. Dyer*.....

Licensed Embalmer No. 3141.....

P. O. Address *Lamar, 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.