

LED JUN 30 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2745

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:
St Joseph Hosp.
(If out in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Myrtle Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Melvin E. Bond

3. (b) If veteran, name war No 3. (c) Social Security No. 486-01-1715

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanch Bond 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 8th, 1873
(Month) (Day) (Year)

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

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

10. Usual occupation Drug Salesman

11. Industry or business

MOTHER FATHER

12. Name Joseph Bond 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Baldrich 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Al Risser
(b) Address 1819 Myrtle Ave
17. (a) Burial (b) Date thereof June 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 15th, Jackson K. C. Mo

19. (a) 6-18-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th, year 1943 hour 5.30p. minute 5.30p.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 16, 1943; that I last saw him alive on June 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Lesions
Coronary Sclerosis 6 wks?
arterio Sclerosis years

Other conditions (Include pregnancy within 3 months of death) gfa
Major findings: Of operations gfa
Of autopsy gfa

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?.....
(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 F. B. [unclear] (M. D. or other)
Address 703 Lathrop Bldg Date signed 6-18-43

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

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..... *John B. Payne*
Licensed Embalmer No..... *2953*
P.O. Address..... *19 C. 9th*

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.