

FILED DEC 10 1943

Registration District No. 268 Primary Registration District No. 5906 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Wardell Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 Little River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME George J Bonds
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 11 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 23 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Junior Bonds
13. Birthplace ala 1
(City, town, or county) (State or foreign country)
14. Maiden name Bernada Collier
15. Birthplace ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Junior Bonds

(b) Address Wardell Mo

17. (a) Wardell Mo (b) Date thereof 10 5 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul bur Wardell Mo

18. (a) Signature of funeral director Friends

(b) Address Wardell Mo

19. (a) 11 5 43 (b) J P Quay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peru
(c) City or town Wardell
(If outside city or town limits, write "RURAL")
(d) Street No. rural north of Wardell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 Oct November
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 11-2, 1943, to 11-2, 1942;
that I last saw him alive on 11-2-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 1/2 days
lobes

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 H J Gullett (M. D. or other) 0
Address Wardell Mo Date signed 11-4-43

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

11-43-314

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.