

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30011

State File No.

FILED OCT 9 1944
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3924

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine Bond3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ernest Bond 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased April 1st, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>28</u>	<u>9</u> hr. <u>2</u> min.

9. Birthplace Wales
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home

12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Fuller(b) Address 17 South 15th, K. C. K.17. (a) Burial (b) Date thereof: 10/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Wash Cem.18. (a) Signature of funeral director Earp Funeral Home(b) Address 4139 East 15th, St.19. (a) 9-30-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 723 Highland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1944 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1944, to Sept. 30, 1944;
 that I last saw her alive on Sept. 30, 1944;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Hemorrhage

Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy None

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? U. E. Gaster (Specify type of place) (c) Means of injury C23. Signature U. E. Gaster M. D. or other 9-30-44
Address Med. Dir. Gen'l Hosp. Date signed

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. [Signature]
.....
Licensed Embalmer No. *2955*
P. O. Address *19 C [Signature]*

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.