S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40625

FILED DEC 26 1944

Registration District No. 72

Primary Registration District No. 5133

Registrar's No. 1273

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural #2, Easton, Marion Tsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural #2, Easton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 88 years 10 months 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Rural #2, Easton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME James Bermond

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lorena Bermond

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 26 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	10	20	hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Bermond
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Martha Jane Campbell
15. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant James W. Bermond
(b) Address Rural #2, Easton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 12-18-44 (Date received local registrar) (b) Helen J. Peckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th.
year 1944 hour 6 minute 20 p. M.

21. I hereby certify that I attended the deceased from Dec 15, 1944, to Dec 16, 1944
that I last saw him alive on Dec 16, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cornary Thrombosis	2 days
Due to Chronic Myocarditis	2 years
Due to Arteriosclerosis	5 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93d
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature J M Anton (M.D. or other) D.O.
Address Shewantsville Mo. Date signed 12-18-44

1371

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1945

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.