

S. No. 2
DM-5-43
y. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1948

Registration District No. **3010** Primary Registration District No. **3010** Registrar's No. **29**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution:
529 South Frederick Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years
In this community 7 years, months or days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis L. Bond

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M O 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Laura May Bond 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 15, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Railroader

MOTHER FATHER

11. Industry or business _____

12. Name George Bond

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

14. Maiden name Nancy Kinder

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

16. (a) Informant Mrs. Laura Bond

(b) Address 710 N. Spanish, Cape Gir.

17. (a) Burial (b) Date thereof 1/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 1-29-48 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 710 N. Spanish
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd. year 1948 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1948, to Jan. 23rd, 1948;
that I last saw him alive on Jan. 21, 1948,
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 hr.

Due to Hypertension 4 yrs.

Due to Arteriosclerosis 4 yrs.

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 94A

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?
While at work? _____ (Specify type of place) (e) Means of injury C.

23. Signature William J. Oehler (M. D. or other) 1
Address Cape Girardeau, Mo. Date signed 24-48

MAR 15 1948

MAR 17 1948

FILED

Register No. 4
248-159
2-11-48

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 *William Lee Jones*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau, 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.