

FILED JUL 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20295

State File No.

Registration District No. 272

Primary Registration District No. 5982

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Remick
 (b) City or town Wenton rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Virginia Rest 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gerald Howard Bounds
 3. (b) If veteran, - 3. (c) Social Security name war. - No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive 8 years (Day) (Year)

7. Birth date of deceased April 8 1936
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 1 21 hr. min.

9. Birthplace Manila Ark 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name C. H. Bounds

13. Birthplace Greenville Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Beal Vanell

15. Birthplace Rector Ark 1
 (City, town, or county) (State or foreign country)

16. (a) Informant C. H. Bounds

(b) Address St Louis Mo. 3500 N 9th

17. (a) Burial (b) Date thereof 5-31-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Gerald Nash Co

(b) Address St Louis Mo

19. (a) 7-5-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 940
 (c) City or town St Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 29
1948 to May 29, 1948
 that I last saw him alive on death on arrival
 and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning

Due to swimming

Due to

Other conditions. 180
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 21
No autopsy
 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) accident
 (b) Date of occurrence May 29-48
 (c) Where did injury occur? near home
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (c) Means of injury

23. Signature J. W. Robbins (M. D. or other)
 Address St Louis Mo Date signed 6-4-48

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

7-48-198

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 J. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.)

2 If this body is not embalmed, fact should be so stated above.