

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 973

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY OR TOWN <u>Maysville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13y-10m</u>		e. STREET ADDRESS (If rural, give location) <u>County Farm</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital #2.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FANNIE</u>	b. (Middle) <u>DEE</u>	c. (Last) <u>BOND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 5, 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Stewartsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Bond</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Halley</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>not given</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Bond</u>	ADDRESS <u>730 So. 18th St. City</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>10 yrs.</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia left lung</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>490X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1940, 19 , to Sept 4, 1954 that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 5:35P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. E. Cassin M.D.</u>	23b. ADDRESS <u>State Hospital #2, City</u>	23c. DATE SIGNED <u>9-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stewartsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Horton Bowman</u>	ADDRESS <u>St Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *493*.....

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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