S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 362

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3776

Primary Registration District No. 6234

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural (Elkhorn township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 107

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

(d) Street No. ?
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maurice Seymour Bond

3. (b) If veteran, name war

3. (c) Social Security No. 489-09-7546

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ada Chartrau Bond

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 4, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	14	hr. min.

9. Birthplace Mount Vernon (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation Machinist

11. Industry or business Knitting Mill

FATHER
12. Name Jackson Newlon Bond
13. Birthplace Mount Vernon (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name Julia Pilcher
15. Birthplace New Orleans (City, town, or county) La. (State or foreign country) /

16. (a) Informant Mrs. M. S. Bond
(b) Address R.F.D. Warrenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) Jan 21 48 (Date received local registrar) (b) Mrs. Vernelle Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1948 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 23, 19 48 to Jan 18, 19 48
that I last saw him alive on Jan 18, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1½ hrs.
Due to: Atherosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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 Alvord N. MacRae (M. D. or other) MD.

Address Warrenton, Mo. Date signed 1/20/48

(Licensed Embalmer's Statement on Reverse Side)

3/9/45

RECEIVED
District Health Officer No. 9

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. Lineburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.