

No. 2
8-43
7-39
X37823

FILED MAY 9 1946

Registration District No. 2-37

Primary Registration District No. 5830

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Anderson Twp.
(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 5 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 4:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from 4-21-46
19____ to 4-21-46 19____
that I last saw her alive on 4-21-46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerotic hypertension
Due to _____

Other conditions Hypertensive Heart Disease
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy Brain

Duration _____
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 _____

23. Signature F. G. Hopkins (M.D. or other)
Address Quincy, Mo. Date signed 4-22-46

3. (a) PRINT FULL NAME

Sarah E. Bond

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 27 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Otis Bond
(b) Address Beach orchard mo

17. (a) Burial (b) Date thereof April 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion, Steele, Mo.

18. (a) Signature of funeral director J. D. Harrison
(b) Address Steele Mo

19. (a) 4-24-46 (b) Mrs. Byron Sharp
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 543-562

Date Filed 5-2-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.