No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21567

State File No.

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Cole.

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

(c) Name of hospital or institution: St. Marys Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days. (Specify whether years, months or days)

In this community 6 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cole.

(c) City or town Marion Mo. (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Herman Ponder.

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male.

5. Color or race White

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

6. (b) Name of husband or wife Child.

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

7. Birth date of deceased Jan. (Month) 29 (Day) 1934 (Year)

8. AGE: Years 6 Months 4 Days 16. If less than one day hr. min.

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

10. Usual occupation School Child.

11. Industry or business 0

FATHER
12. Name Leve Ponder. 0
13. Birthplace Osage Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marie Leila Connell.
15. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leve Ponder.

(b) Address Centertown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 16 (Day) 1940 (Year)

(c) Place: burial or cremation Marion New Hope Cem.

18. (a) Signature of funeral director Tanner Service.

(b) Address Jefferson City Mo.

19. (a) 6/25/40 (Date received local registrar) (b) H. O. Bedford M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1940 hour 6.30 ~~minute~~ P. M.

21. I hereby certify that I attended the deceased from June 12th, 1940, to June 14, 1940, that I last saw him alive on June 14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rocky Mountain Spotted fever.	
Due to	
Due to 44	
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

23. Signature Leon A. Taylor (M. D. or other) M.D.

Address Jefferson City Mo. Date signed 6-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis, Registered Apprentice No. ..... working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address Jefferson City S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.