

STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1940

Registration District No. 23

Primary Registration District No. 305

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(c) Name of hospital or institution: Residence South 2nd St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Bates
(c) City or town Rich Hill
(If outside city or town limit write "RURAL")
(d) Street No. 2nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME George Henry Pounder 536

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosena Cox Pounder 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased July 24 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 19 hr. _____ min.

9. Birthplace Troy, New York
(City, town, or county) (State or foreign country)

10. Usual occupation W P A Worker

11. Industry or business "

MOTHER FATHER { 12. Name Harry Pounder 4
13. Birthplace Leeds, England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Paden
15. Birthplace Troy, N Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Pounder
(b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof Aug. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodfin Cem. Foster

18. (a) Signature of funeral director [Signature]
(b) Address _____

19. (a) Aug. 16, 1940 (b) Clarence J. Allen M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1940 hour 3 minute _____ a.m.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 13, 1940
that I last saw him alive on July 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prostate Gland
Due to _____

Due to _____
Other conditions 4/12
(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? 5th
(Specify type of place) While at work? (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address Rich Hill Mo Date signed Aug 16 1940

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

RECEIVED

District Health Officer No. 7,

District File Number

9-40-1318

Date Filed

9-12-40

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.

myself

Signed

John G. Unkewicz

Licensed Embalmer No.

3585

P. O. Address

Butler 2nd

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, above space should be left blank.