

Registration District No. 228

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(c) Name of hospital or institution: 810 Grant Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether)
In this community 83 years years, months or days

3. (a) PRINT FULL NAME Mack Dowell Pond
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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 29 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmer-retired

12. Name Warren S. Pond

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

14. Maiden name Unknown

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

16. (a) Informant's own signature [Signature]

(b) Address 812 W. 15th Trenton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-30-40
(Month) (Day) (Year)

(c) Place: burial or cremation Tolle County, Ind Co

18. (a) Signature of funeral director Raymond A. Lewis

(b) Address Trenton, Mo

19. (a) 10-30-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Grundy
(c) City or town Trenton (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1940 hour 12:45 minute 11 M.
21. I hereby certify that I attended the deceased from Jan 1st 1940, to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration ??
Due to _____
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? 30
(Specify type of place) _____
(a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Trenton, Mo Date signed _____

Oct. 30th 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Robert B. Davis

....., Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

Clifford Obeng

Licensed Embalmer No. *3723*

P. O. Address..... *Newton, Ms*

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.