S. No. 2
4-13-40
5-17-39
PI X23159

9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36001

Registration District No. 969 Primary Registration District No. 5877 Registrar's No.

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural
(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 2 (Specify whether years, months or days)
In this community 89- 6- 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(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 Joseph H. 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 Married
6. (b) Name of husband or wife Josephine Schneider
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March (Month) 12 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
89	6	25	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name William Ponder
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Theresa Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Anton C. Ponder
(b) Address Bertle Mo. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Apple Creek Mo.
18. (a) Signature of funeral director Youngs Sons
(b) Address Perryville Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1940 hour 9 minute 35 P.M.
21. I hereby certify that I attended the deceased from Oct 1, 1940, 19..., to Oct. 7, 1940, that I last saw him alive on Oct 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	Sudden
Due to Coronary sclerosis	2 yrs.
Due to Chronic myocarditis	
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 Oscar A. Carron (M. D. or other)
Address Perryville, Mo Date signed 10-8-40

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edward E. Young

Licensed Embalmer No. 2138

P.O. Address Perryville 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.

S. No. 2B
M—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36001

Registration District No. 969 Primary Registration District No. 3877 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Uniform
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State (b) County

(c) City or town
(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 Joseph H. Ponder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Oct. 9, 1940 (Date received local registrar) (b) Bex Halter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19..., to , 19...;
that I last saw h alive on , 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Oscar A Carson (M. D. or other)
Address Perryville Date signed