

JAN 25 1941
Registration District No. **701**

Primary Registration District No. **5930**

Registrar's No. **57**

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

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Bolivar**
(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 **all of life** years, months or days **2**

3. (a) PRINT FULL NAME **Neta Fay Pond**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **August 14 1932**
(Month) (Day) (Year)

8. AGE: Years **8** Months **4** Days **14** If less than one day hr. **1** min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Lester Pond**

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

14. Maiden name **Fern Cursely**

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

16. (a) Informant **Louis Purshy**

(b) Address **Bolivar, Missouri**

17. (a) **Burial** (b) Date thereof **Dec 29, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home**

18. (a) Signature of funeral director **Hutchinson & Co**

(b) Address **Bolivar, Missouri**

19. (a) **12/30/1940** (Date received local registrar) (b) **J. P. Stroh** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **1 mile north of Bolivar** (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28** year **1940** hour **6** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Jan 1, 1938** to **Dec 27, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Bilateral bronchopneumonia**

Due to _____

Other conditions: **Birth injury**
(Include pregnancy within 5 months of death)
congenital defects

Major findings: _____
Of operations _____

Of autopsy _____

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? **030**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. P. Stroh** (M. D. or other) _____
Address **Bolivar** Date signed **1-3-41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-153

Date Filed 1-14-41

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.