

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

State File No. _____

MAR 17 1941 286
Registration District No. _____

Primary Registration District No. 5404A

Registrar's No. _____

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

1. PLACE OF DEATH, Frisby Mo / *Halecomb Township*
 (a) County Dunklin
 (b) City or town Frisby Mo. Halecomb R 1
 (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 _____ years, months or days _____

3. (a) PRINT FULL NAME Leora Bell Ponder
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color White 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 18 1873
 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name D. T. Towell
 13. Birthplace Norris City Ill. /
 (City, town, or county) (State or foreign country)
 14. Maiden name Martina Dee Beard
 15. Birthplace Norris City Ill. /
 (City, town, or county) (State or foreign country)

16. (a) Informant Amous Ponder
 (b) Address Cardwell Mo. Rte. 1

17. (a) _____ (b) Date thereof Jan 1 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Hill

18. (a) Signature of funeral director A. J. Emerson 257
 (b) Address Paragould Ark.

19. (a) 3-10-41 (b) J. G. Anderson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County 30
 (c) City or town _____ (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 2 minute 15 a

21. I hereby certify that I attended the deceased from Dec 31 1940 to Dec 31 1940 that I last saw her alive on Dec 31 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Chronic Bronchitis

Due to Bronchitis

Other conditions 970
 (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 J. G. Anderson (M. D. or other) 2
 Address Halecomb Mo Date signed _____

RECEIVED

District Health Officer No. 2

District File Number 341-379

Date Filed 3/13/41

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.