V. S. No. 2
50M—9-4-41
Rev. 5-17-39
P I X29484

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. 43534

FILED JAN 3 1944

Registration District No. 501 — Primary Registration District No. 4450 — Registrar's No. 1936

91 1 0

1. PLACE OF DEATH:
(a) County: Ripley
(b) City or town: Doniphan Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ripley 91
(c) City or town: Doniphan (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROBERT M. POND
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: Married
6. (b) Name of husband or wife: California
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: May (Month) 2 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
72	6	17	hr. min.

9. Birthplace: Ripley county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: farmer
11. Industry or business
FATHER
12. Name: Joseph M. Pond
13. Birthplace: (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Miller
15. Birthplace: (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: California Pond
(b) Address: Poplar Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Poplar cem.
18. (a) Signature of funeral director: Black Mortuary
(b) Address: Doniphan Mo.
19. (a) 12-29-43 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

674

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1943 hour 7 minute 25 A.M.
21. I hereby certify that I attended the deceased from November 13, 1943, to November 19, 1943, that I last saw him alive on November 19, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Bladder and Prostate Gland	
Due to: Cancer of Prostate (primary)	
Due to: 51 h	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Extensive cancer involvement of B. & Prost.
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: J. F. Williams (M. D. or other)
Address: Doniphan Date signed 11/29/43

(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 Nat E Embalmed, 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.