

FILED JUN 13 1944

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 590

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Rural in Buchanan township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. Halls 1 on Bush Rd  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural Halls  
(If outside city or town limits, write "RURAL")  
(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 Nettie M. Pontious  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 4  
year 1944 hour 9 minute 30 A M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 28 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 27 1944 to June 4 1944  
that I last saw her alive on June 3 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Hypernephroma Duration Unknown

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

Due to 52a  
Due to \_\_\_\_\_

10. Usual occupation Secretary

Other conditions Metastasis to brain + lungs Unknown  
(Include pregnancy within 3 months of death)

11. Industry or business Banking

Major findings: None None  
Of operations \_\_\_\_\_

12. Name Clifford Pontious

Of autopsy None

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

14. Maiden name Josephine Moss

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

16. (a) Informant Mrs. C. B. McCowley

(b) Address Halls, Mo.

17. (a) Burial (b) Date thereof 6-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 6/4/44 (b) Walter D. Pickle  
(Date received local registrar) (Registrar's signature)

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)  
(b) Means of injury 0

23. Signature Walter D. Pickle (M. D. or other) M.D.

Address St Joseph, Mo. Date signed 6-5-44

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

**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

working under my personal supervision.

Registered Apprentice No.

Signed

*Robert H. Apple*

Licensed Embalmer No.

3308

P. O. Address

*St. Joseph, 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.**