

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4034

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute from 5629 Virginia & Menard Sts.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0
 In this community 3 (Specify whether years, months or days)
3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5629 Virginia Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME GERRY SUE PONICK
 3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month October day 6TH
 year 1944 hour 11 minute 10 A.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.

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

Immediate cause of death _____
Bronchopneumonia
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death) 107

7. Birth date of deceased July 9 1944
 (Month) (Day) (Year)
 8. **AGE:** Years _____ Months 2 Days 27 If less than one day _____ hr. _____ min.

Duration _____
 Major findings:
 Of operations _____
 Of autopsy See Above
 Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation None
 11. Industry or business INFANT

MOTHER FATHER
 { 12. Name Duke William Ponick
 { 13. Birthplace Kansas City Kansas
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Gerardine Spilson
 { 15. Birthplace Kansas City Kansas
 (City, town, or county) (State or foreign country)

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? A. E. Upsher (e) Means of injury 0

16. (a) Informant Duke William Ponick
 (b) Address 5629 Virginia Avenue
 17. (a) Burial (b) Date thereof Oct. 7, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director O. J. Newcomer, Sr.
 (b) Address 1401 1/2 Birch Creek Blvd
 19. (a) Oct 7 1944 (b) J. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature A. E. Upsher (M. D. or other) MD
128 McWay Date signed 10/6/44
 Address _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elmer Horkley*

Licensed Embalmer No. 1767

P. O. Address 10 e. 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.