

S. No. 2
4-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1933

FILED FEB 13 1945
69

State File No. _____

Registration District No. _____

Primary Registration District No. 4121

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings
(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 3 yr. / _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Billings 22
(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

William Harvey Pond.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mrs. Lucinda Pond 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 20, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>9</u>	hr. _____ min.

9. Birthplace Casrock, Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Gus Wampler,

(b) Address Billings, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 45
(Month) (Day) (Year)
Wise Hill Cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) Feb. 2, 1945 (Date received local registrar) (b) May 7 1945 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1945 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan. 29, 1945;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Arterio sclerosis

Due to _____

Due to _____

Other conditions _____
(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 P.W. Marshall (M.D. or other) D.O.

Address Billings, Mo. Date signed Feb 2/45

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

200

12 x 7

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 245-202

Date Filed FEB 8 1945

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 *J.W. Maples*

Licensed Embalmer No. *2985*

P. O. Address *Clear 710*

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.