

FILED AUG 31 1945

Primary Registration District No. 4450

Registrar's No. 2052

1. PLACE OF DEATH: RIPLEY,

(a) County.....
 (b) City or town..... DONIPHAN.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County RIPLEY, 91
 (c) City or town..... DONIPHAN, 1
(If outside city of town limits, write "RURAL") 6
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? NO. 0
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME GEORGIE ANN ISABELLA PONDER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED!

6. (b) Name of husband or wife..... JOHN PONDER, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... JAN- 22, 1864.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81. 5 20. XX min.

9. Birthplace..... Ripley Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation..... AT HOME,

11. Industry or business..... Housewife,

12. Name..... Thamnoch

13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... 1 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... EZRA PONDER, (SON)

(b) Address..... SIKESTON, MISSOURI.

17. (a) BURIAL (b) Date thereof..... 7-16-45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation..... DONIPHAN, MO.

18. (a) Signature of funeral director.....

(b) Address..... DONIPHAN, MO.

19. (a) 7-18-45 (b) E. D. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY, day 12, year 1945. hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw her... alive on JULY - 12-45., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Hemorrhage 1 day

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... 830

Duration

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..... Clifford Johnston (M.D. or other)..... M.D.

Address..... DONIPHAN, MO. Date signed..... 7-18-45.

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

MOTHER FATHER

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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. J. Jordan*.....

Licensed Embalmer No. *3290*.....

P. O. Address..... *Doniphan 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.