. No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39310

FILED NOV 21 1946

Registration District No. 3 1 1 1 Primary Registration District No. 3073 Registrar's No. 20

1. PLACE OF DEATH:
(a) County SCOTT
(b) City or town CHAFFEE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 DAVIDSON 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 24 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SCOTT 1
(c) City or town CHAFFEE 1
(If outside city or town limits, write "RURAL")
(d) Street No. 214 DAVIDSON 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN PLEASENT PONDER
3. (b) If veteran, name war ✓
3. (c) Social Security No. 632183
4. Sex MALE 0
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLAUDE GOODSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 27 (Day) 1888 (Year)

8. AGE: Years 58 Months 1 Days 4 If less than one day hr. min.

9. Birthplace MOULTON (City, town, or county) ALA. 1 (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business "
FATHER
12. Name SAM H. PONDER
13. Birthplace CONCORD (City, town, or county) ALA 1 (State or foreign country)
MOTHER
14. Maiden name M. S. WHITE
15. Birthplace SANDERSVILLE (City, town, or county) ALA 1 (State or foreign country)
16. (a) Informant Mrs John Ponder
(b) Address Chaffee Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation CHAFFEE, MO
18. (a) Signature of funeral director CM Stahl
(b) Address Chaffee Mo
19. (a) 11/5/46 (Date received local registrar) (b) G. B. MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1946 hour 1 minute 0 M.
21. I hereby certify that I attended the deceased from 10-30, 1946, to 10-31, 1946
that I last saw him alive on 10-30-46, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis Cerebral Colism	3 Days
Due to Congestive Heart Failure	1 Day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 A
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 0
23. Signature W. O. Finney (M. D. or other)
Address Chaffee Mo Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1146-1334
Date Filed 11-15-46

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.