

S. No. 2  
DM-5-43  
v. 5-17-39  
# 1 X36671

**FILED OCT 23 1947**

Registration District No. **43**

Primary Registration District No. **3007**

**1. PLACE OF DEATH:**

(a) County **Butler**

(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **BRANDON HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**  
(Specify whether years, months or days)

In this community **6 days**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Arkansas** (b) County **Clay** **999**

(c) City or town **Conning** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 1** **21**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mrs. Myra Pond**

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

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **June 27** **1879**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>68</b>	<b>3</b>	<b>1</b>	hr. _____ min. _____

**9. Birthplace** **Maynard Arkansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **House wife**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** **S. M. Rapert**

**13. Birthplace** **Maynard Arkansas**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Leifingis**

**15. Birthplace** **Louis Johnston**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Ezra Ponds**

**(b) Address** **Conning, Ark Rt 1**

**17. (a) Burial** **(Burial, cremation, or removal)** **(b) Date thereof** **Sept 30, 1947**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Hitt Cemetery**

**18. (a) Signature of funeral director** **W. H. Dally**

**(b) Address** **Conning, Ark**

**19. (a) Date received local registrar** **(b) Registrar's signature** **05**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **September** day **28**  
year **1947** hour **9** minute **45** A.M.

**21. I hereby certify that I attended the deceased from** **September 22** **1947**, to **September 28** **1947**  
that I last saw her alive on **September 28** **1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure** **Duration** \_\_\_\_\_

Due to **Severe malnutrition and persistent blood loss**

Due to **Advanced carcinoma of cervix with extension to other pelvic structures.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy **48P**

**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? **0**

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**33. Signature** **Kenneth P. Currie, M.D.** **(M. D. or other)**

**Address** **Poplar Bluff, Mo** **Date signed** **9-29-47**

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

1115-1000

372

RECEIVED  
District Health Office No. 2,  
District File Number 10-47-1366  
Date Filed 10-20-47

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.....

C. P. Schuman

Registered Apprentice No. 223

working under my personal supervision.

Signed..... W. H. Drby

Licensed Embalmer No. 263

P. O. Address..... Rector, Aulo

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.