

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1815 North Main Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Month**
(Specify whether
In this community **1 Month**
years, months or days)

3. (a) PRINT FULL NAME **MARY E. POND**

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

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

6. (b) Name of husband or wife **Hanond R. Pond** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **September 7, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **24** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home Makeing**

MOTHER FATHER { 12. Name **(Unknown) Martin** /
13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E. Kline**
15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jesse Beck (Daughter)**
(b) Address **1815 North Main Avenue**

17. (a) **removal** (b) Date thereof **10/1/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ava, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **10-2-47** (b) **W. J. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas 34**
(c) City or town **Ava**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**,
year **1947** hour **10:** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Oct 1946** to **10-1-47**, 19_____
that I last saw her alive on **9-29-47**, 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death **Adeno Carcinoma of Stomach** Duration **1 yr**

Due to _____
Due to _____

Other conditions **HB**
(Include pregnancy within 3 months of death)

Major findings: **Adeno Carcinoma of Stomach** Underline the cause to which death should be charged statistically.
Of operations _____
Of autopsy _____

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 **W. J. Handley** (M. D.)
Address **Springfield, Mo** Date signed **10-2-47**

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

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2
6

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.....

Lee Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed *Jewell E. Winkle*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield 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.