S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26824

Registration District No. 157 — Primary Registration District No. 5586 — Registrar's No. 162

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural - Marion Town.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Banks of Spring River, Sarcoxie RT#2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Sarcoxie Rt # 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Eugene Poncot
3. (b) If veteran, name war None
3. (c) Social Security No. no

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Minnie Melugin
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	11	20	hr. min.

9. Birthplace Osage Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Lewis Poncot 5
13. Birthplace France
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosine Pinet 5
15. Birthplace France
(City, town, or county) (State or foreign country)
16. (a) Informant Minnie Melugin
(b) Address Sarcoxie Rt # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harvey Cemetery
18. (a) Signature of funeral director Ed C. Ulmer
(b) Address 1208 S. Garrison Carthage
19. (a) 8-9-1948 (Date received local registrar) (b) L. B. Clinton M.D. 138 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Coronary Investigation

PHYSICIAN
Underline the cause of 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
23. Signature D. H. Derfelt (M. D. or other) Do
Address 2114 Joplin Date signed 8/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-8-703

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 John S Dennehy

Licensed Embalmer No. 4194

P. O. Address _____

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.