

No. 2
10-39
17-39
X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21567

State File No.

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson city
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: In hospital or institution 2 1/2 days
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Marion Mo.
(d) Street No.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1940 hour 6:30 P.M.
21. I hereby certify that I attended the deceased from June 12
1940 to June 14 1940
that I last saw him alive on June 14
and that death occurred on the date and hour stated above.

Immediate cause of death
Rocky mountain spotted fever

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Signature Dean A. Taylor (M. D. or other) M.D.
Address Jefferson City Mo. Date signed 6-19-40

3. (a) PRINT FULL NAME George Herman Ponder
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 29 1934
(Month) (Day) (Year)

8. AGE: Years 6 Months 4 Days 16
If less than one day hr. min.

9. Birthplace Marion Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School child

11. Industry or business

12. Name Leve Ponder

13. Birthplace Osage Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mable Leela Connell

15. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leve Ponder
(b) Address Centertown Mo.

17. (a) Burial (b) Date thereof 6-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Tanner Service
(b) Address Jefferson City Mo.

19. (a) 6/15/40 (b) P. O. Be Spod M.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 D. M. Davis, Registered Apprentice No. _____ working under my personal supervision.

Signed D. M. Davis
Licensed Embalmer No. 3741
P. O. Address Jefferson City S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.