

FILED FEB 27 1942

Registration District No. 2

Primary Registration District No. 5291

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Centerton Marion
(c) Name of hospital or institution 5 miles north of Centerton
(d) Length of stay: In hospital or institution 3 yr. 7 mo.
In this community 3 yr. 7 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Centerton
(d) Street No. 5 miles north of Centerton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert Lewis Ponder

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 3 1939
(Month) (Day) (Year)

8. AGE: 3 Years 7 Months 18 Days If less than one day _____ hr. _____ min.

9. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leri Ponder
13. Birthplace Miller County Mo
14. Maiden name Marie Lander
15. Birthplace Marion Mo

16. (a) Informant Leri Ponder

(b) Address 5 miles north of Centerton

17. (a) Burial (b) Date thereof 1-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Mo

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 1/20/42 (b) J. W. Withers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 1:30 minute 15 M.

21. I hereby certify that I attended the deceased from 1939 to 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Grasped forehead
Due to head
Due to accident

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations 184-8
Of autopsy 37

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1-19-42
(c) Where did injury occur? Core Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? _____ (e) Means of injury 3
23. Signature Edw. M. Jensen (M. D. or other) _____
Address Jeff City Mo Date signed 1-19-42

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

106

196

Coroner

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 *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Yuma.*

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.