S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21125

Registration District No. 316 — Primary Registration District No. 3059 — Registrar's No. 69

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Bonne Terre Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hamilton Pl 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. Hamilton Pl 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE WILLIAM PONDER
3. (b) If veteran, name war World War I
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, or divorced Widowed
6. (b) Name of husband or wife Mabel Ponder
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 23 (Day) 1893 (Year)

8. AGE: Years 52 | Months 4 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Louis Pondy
13. Birthplace Iron Mountain Mich (City, town, or county) (State or foreign country)
14. Maiden name Mary Crane
15. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Edward Radle
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23rd 1945 (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery
18. (a) Signature of funeral director Beckham Funl Co
(b) Address 313 Beckham Bonne Terre
19. (a) 7/5/45 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1945 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from June 2, 1945, to June 20, 1945; that I last saw him alive on June 20, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1½ hrs.
Due to: Hypertension	several yrs.
Due to:	
Other conditions: Hypertensive Heart disease (Include pregnancy within 3 months of death)	several yrs.

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. T. Haw Jr (M. D. or other) M.D.
Address Bonne Terre Mo Date signed 6/23/45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 745-844

Date Filed 7-2-45

APR 3 1946

JUN 11 1945

JUL 19 1945

AUG 9 1945

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.