

Registration District No. **85** Primary Registration District No. **1001**

1157
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **St. Joseph's Hospital**
(d) Length of stay: In hospital or institution **1**
In this community **45 YEARS**

3. (a) PRINT FULL NAME **Arthur Clayton Pontious**
3. (b) If veteran, name war **World** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Stella Pontious** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **SEPT. 18 1899**

8. AGE: Years **47** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **OSAWATOMIE KAN. 1**

10. Usual occupation **Proprietor**

11. Industry or business **CIGAR STORE**

12. Name **Clifford Pontious**

13. Birthplace **Circleville KAN. 1**

14. Maiden name **Josephine Mary**

15. Birthplace **unknown Ohio 1**

16. (a) Informant **Miss Nettie Pontious**

17. (a) **BURIAL** (b) Date of **APRIL 13 40**

18. (a) Signature of funeral director **W. Freeman**

19. (a) **April 13 1940** (b) **W. Freeman**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **Andrews Hotel**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **11th** year **1940** hour **3** minute **30** A.M.
21. I hereby certify that I attended the deceased from **Apr 9** to **Apr 10** 19**40**
that I last saw him alive on **Apr 10** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pancreatitis** Duration **4/9/40**
Due to **Ob. Pan. duct**
Other conditions **Ch. Myocarditis**
Major findings **Cholelithiasis**
Of autopsy **none**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature **W. Freeman** (M. D. _____)
Address **St. Joseph Mo.** Date signed **4/11/40**

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. G. Swan

Licensed Embalmer No. *4082*

P. O. Address *St. Joseph*

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, above space should be left blank.