

Registration District No. 238

Primary Registration District No. 6098B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Dexter, Mo. Route
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Years
years, months or days

3. (a) PRINT FULL NAME Richard Thomas Pounds

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 Married
 6. (b) Name of husband or wife Azalea Pounds 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased 4 19 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>		hr. _____ min.

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

10. Usual occupation Poultry Dealer

11. Industry or business _____

12. Name John T. Pounds
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie Mason
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. T. Pounds

(b) Address Dexter, Mo. Route.

17. (a) Burial (b) Date thereof 5/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Cem. Blankenship-Strickland

18. (a) Signature of funeral director _____
 (b) Address Dexter, Mo.

19. (a) 5/28 1941 (b) Jennie Benton
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 13
 (c) City or town Dexter, Mo. Route. 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
 year 1941 hour 12:00 minute Noon .M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death. Heart attack. Duration _____

Due to He was subject to Heart attacks.

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy No 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? 755 occurred at his home
(Specify type of place)

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

23. Signature J. A. Phil G. Coroner 3
(M. D. or D. O.)
 Address Bloomfield, Mo. Date 5-19-1941

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

3
0
0

2002

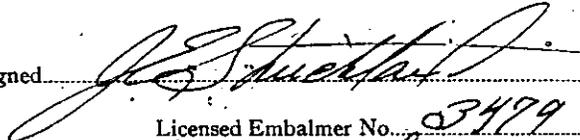
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 3499

P. O. Address Deerfield, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19202

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County Hodgdon
(b) City or town Des Liberty T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Richard Thomas Pounds

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above. Immediate cause of death Heart attack Durdon

He was subject to heart attacks
Due to _____

Information not available since

Due to I did not see him alive and also did not know who the Doctor

Other conditions was that treated him.

(Include pregnancy within 9 months of death)

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? _____

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

23. Signature J. R. Childs Coroner (M.D. or other)

Address Bloomfield, Mo. Date signed 8-11-41

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

SUPPLEMENTAL

19202