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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21527

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Barnhart Rock Haven (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

(c) City or town Barnhart (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LILLIAN DELLA PONZAR

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

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

6. (b) Name of husband or wife Frank H. Ponzar 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 13 (Day) 1888 (Year)

8. AGE: Years 53 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name August William Harrison
13. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ethel Marie Limeback
15. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Frank H. Ponzar
(b) Address Star Route 2 St Genevieve

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director Donald B. Dietrich
(b) Address De Soto Mo.

19. (a) 6/11/42 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 23 1942 to June 5 1942 that I last saw her alive on 6-5/42 1942; and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma

Due to Primary Liver

Due to .....

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings:
Of operations .....
Of autopsy None

Duration

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 O. L. Reich M.D. (M. D. or other) Mo.
Address Kimmswick Mo. Date signed .....

K66

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1944

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. 4/04

P. O. Address Desoto 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.