

Registration District No. **484**

Primary Registration District No. **5558**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Niagara Pool - 81st Street & Troost Avenue**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6230 Indiana Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Samuel Ponick

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **February 11 1926**
(Month) (Day) (Year)

8. AGE: Years **16** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Graduate 1942**

11. Industry or business **Southeast High School**

12. Name **Michael Ponick**

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

14. Maiden name **Helen Helen**

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

16. (a) Informant **Samuel Ponick**

(b) Address **5629 Virginia**

17. (a) **Burial** (b) Date thereof **July 18, 1942**
(Burial, cremation, or removal) (City, town, or county) (State or foreign country)

(c) Place: burial or cremation **Highland Park Cemetery Kansas City, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer, Sons**

(b) Address **1401 Brush Creek Blvd**

19. (a) **July 21 - 42** (b) **Samuel Ponick**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **July** day **16th**
year **1942** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **11/16/42** to **7/16/42**, 19**42**.
that I last saw him alive on **7/16/42**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Accidental Death by Drowning**

Due to **1833**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Pericardial effusion, Pulmonary congestion**

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (Specify) **Accident 123**

(b) Date of occurrence **7/16/42**

(c) Where did injury occur **State Park, Kansas**
(City or town) (County) (State)

(d) Did injury occur in or about **Public Home**, in public place
(Specify type of place) (e) Means of injury **falling**

While at work (e) Means of injury

23. Signature **Samuel Ponick** (M.D. or other) **Samuel Ponick**

Address **5629 Virginia** Date signed **7/16/42**

MEDICAL CERTIFICATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
0

48
9
8

1833
76

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 Emile M. Colhoun
Licensed Embalmer No. 3506
P. O. Address K. C. 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.