

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9383

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Johns Hospital**  
(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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Pulaski** <sup>85</sup>

(c) City or town..... **Crocker** <sup>ONR</sup>  
(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..... **1**

3. (a) PRINT FULL NAME..... **Elsie A. Ponder**

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

3. (c) Social Security No..... **no**

4. Sex..... **F** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Frank Ponder** 6. (c) Age of husband or wife if alive..... **69** years

7. Birth date of deceased..... **Aug. 3, 1880**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>62</b>	<b>3</b>	<b>6</b>	hr. min.

9. Birthplace..... **Iberia, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John Lilly**

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

14. Maiden name..... **Lucy Blankenship**

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

16. (a) Informant..... **Evelyn Ponder**

(b) Address..... **900 S. Hanley Rd.**

17. (a) **Removal** (b) Date thereof..... **11-10-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Crocker, Mo.**

18. (a) Signature of funeral director..... **Jay B. Smith**

(b) Address..... **7456 Manchester**

19. (a) **NOV 10 1942** (b) **J. F. Bredich**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **9**  
year..... **1942** hour..... **2** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **Oct 9-42** to..... **Nov 9 42**  
that I last saw him..... **W** alive on..... **Nov 9 42**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Diabetes Mellitus**

Due to.....

Due to.....

Other conditions..... **Fracture hip**  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **Fracture hip**

Of autopsy.....

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)..... **Fall at home**

(b) Date of occurrence..... **Sept 15-42**

(c) Where did injury occur?..... **Crocker** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature..... **W. J. [Signature]** (M. D. or other)

Address..... **509 N. Grand** Date signed..... **11/10/42**

DEC 4 - 1942

W. L. Will  
J. P. J.  
P. O. Address  
Edward

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 W. P. Burgess  
Licensed Embalmer No. 4029  
P. O. Address Maplewood

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.