S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14624

State File No.

FILED MAY 12 1943

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus Mo.
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 3

(c) City or town Festus Mo. 1
(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 0

3. (a) PRINT FULL NAME Charles N. Pounds

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 Widowed

6. (b) Name of husband or wife Cemantha Ritchter Pounds

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

7. Birth date of deceased Nov. 23-1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	4	7	hr. min.

9. Birthplace Morses Mill Jeff. Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Steven Pounds
13. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Muriel
15. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis R. Pounds
(b) Address Festus Mo.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 3-31-43
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Gamel Cem. Festus Mo

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

19. (a) 3/31/43 (Date received local registrar) (b) H. S. O. Weiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from JAN 10-1943 to Mar 30 1943 to 19 ;
that I last saw him alive on Feby 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis gradual Heart weakening

Due to overloading of Heart & circulation,

Due to coronary sclerosis

Other conditions General anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)

(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 C. G. Harris M.D. (M. D. or other)

Address Festus Mo Date signed 3/31/43

1265

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1943

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.....H H Wingard.....

Licensed Embalmer No.....3010.....

P. O. Address.....Festus 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.