

S. No. 2
M-5-43
5-17-39
X36671

FILED OCT 6 1944
Registration District No. 137

Primary Registration District No. 4218

State File No.
Registrar's No. 149

1. PLACE OF DEATH:
Henry
(a) County Windsor
(b) City or town Windsor
(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 24 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles W. Pontius
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Almedie Stubbs
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months Days If less than one day hr. min.

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

10. Usual occupation Rt. Farmer

11. Industry or business Farming

12. Name B.F. Pontius

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

14. Maiden name Almedie Eastman (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Cora Webb

(b) Address Windsor, Mo.

17. (a) burial (b) Date thereof Aug. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo.

19. (a) September 11, 1944 (Date received local registrar)
Georgia Kitcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1944 hour 9:15 P.M. minute July 27 M

21. I hereby certify that I attended the deceased from 1944 to Aug 6, 1944. that I last saw him alive on Aug 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive condition

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Geo. Kitcher or other Address Windsor, Mo. Date signed Sept-44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1064

RECEIVED

District Health Officer No. 7,

District File No. 9-44-1093

Date Filed 10-4-44

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. 3391

P. O. Address. Windsor, 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.