. S. No. 2
DM—8-43
v. 5-17-39
J X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33023

Registration District No. 66 Primary Registration District No. 5256 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Near Sumner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cunningham Twp. Rural
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Sumner (If outside city or town limits, write "RURAL")
(d) Street No. Rural # 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Ponting
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 5th 1879 (Month) (Day) (Year)
8. AGE: Years 67 Months 0 Days 29 If less than one day hr. min.
9. Birthplace Chariton County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name William Ponting
13. Birthplace England. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Hohimer
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henry Ponting, wife
(b) Address Sumner Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lakeside
18. (a) Signature of funeral director [illegible]
(b) Address Meadow Mo
19. (a) Oct 5 46 (Date received local registrar) (b) Martha Clark (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 4th year 1946 hour body found at 11.40 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on October 4th 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Supposed to be from history of the case, Coronary Thrombosis, as he
Due to was known to have suffered from heart trouble for about 20 years.
Due to He was founddead in corn field where he had beenn cutting corn
Other conditions (Include pregnancy within 3 months of death) for fodder to feed stock.
Major findings:
Of operations
Of autopsy

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? yes (e) Means of injury no 3
23. Signature W. D. West Coroner (M. D. or other)
Address Meadow Mo Date signed 10/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Local File Number
Date Filed 11-9-46

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 D. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.