

FILED NOV 1 1946  
Registration District No. 301

Primary Registration District No. 4450

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

1. PLACE OF DEATH:  
 (a) County Ripley  
 (b) City or town Stampham  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: at home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 17 years years, months or days

3. (a) PRINT FULL NAME Marion Alvia Ponder  
 (b) If veteran, name war \_\_\_\_\_ (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 Mable Mann 6. (c) Age of husband or wife if alive 51 53 years  
 7. Birth date of deceased Mar 22 1880  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ripley Co., Mo. (City, town or county) (State or foreign country)

10. Usual occupation clerk, auto parts

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Holly Ponder  
 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Lowe  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Jordan

(b) Address Stampham Mo

17. (a) burial (b) Date thereof 40 2 46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity

18. (c) Signature of funeral director F. C. Jordan

(b) Address Stampham Mo

19. (a) 10-4-46 (b) A. B. Johnston  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ripley  
 (c) City or town Stampham  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
 year 46 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-27-1946 to 9-29-1946  
 that I last saw him alive on 9-29-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration \_\_\_\_\_

Due to Distal Extension of Coronary Arteriosclerosis  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 94B  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Adams (If T. or other) \_\_\_\_\_

Address Ripley Mo Date signed 1-46

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**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.....

*J. H. Jordan*

Licensed Embalmer No. 32001

P. O. Address Doniphan, 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.