. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24625

State File No.

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town R1 Hillsboro Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town R1 Hillsboro
(If outside city or town limits, write "RURAL")

(d) Street No. R 1 - Central Twp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AIME M. PONCET

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-3803

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Poncet

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased SEPT (Month) 11 (Day) 1876 (Year)

8. AGE: Years 70 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation waiter

11. Industry or business

FATHER
12. Name Eugene Poncet 5
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Margaret Poncet

(b) Address R1 Hillsboro Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 27 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Daniel J Mahn

(b) Address De Soto Mo

19. (a) 7/8/47 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 27, 1946, to June 1947; that I last saw him alive on June 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	12 months
Due to: Arteriosclerosis of the coronary arteries	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94B

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 Thomas A. Donnell (M. D. or other) MD.

Address DeSoto, Date signed 6-26-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 7-16-47
Date Filed

JUL 18 1947

JUL 18 1947

JUL 25 1947

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 Daniel J. Mahn Jr.

Licensed Embalmer No. 4326

P. O. Address De Soto, 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.