

REC'D JUN 8 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**18366**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 14  
 (b) Township Windsor Primary Registration District No. 14-211  
 (c) City ..... (d) Street No. 5496  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Godfrey N. Poncin

(a) Residence, No. .... St.  (if nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mattie Cheek Poncin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1848  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
90 3 24  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) O'Fallon 0  
 (STATE OR COUNTRY) Missouri 7

FATHER 13. NAME Nichols Poncin 7  
 14. BIRTHPLACE (CITY OR TOWN) Paris 7  
 (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Sally Coonset  
 16. BIRTHPLACE (CITY OR TOWN) .....  
 (STATE OR COUNTRY) France

17. INFORMANT Virgil Poncin  
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Windsor, Mo. DATE Apr. 30 38

19. FUNERAL DIRECTOR (NAME) Huston-Turner  
 (ADDRESS) Windsor, Missouri

20. FILED May 2 1938 J. A. Blackmore 319  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 29 38

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1938, to Apr. 28 1938  
 I first saw him alive on April 28 1938. Death is said to have occurred on the date stated above, at 8:45 a m  
 The principal cause of death and related causes of importance were as follows:

Cystitis and Enlarged Prostate

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....  
 What test confirmed diagnosis? Aliment Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. A. Blackmore M. D.  
 (Address) Windsor, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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,

*Ellis M. Huston*

or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Ellis M. Huston*

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, above space should be left blank.