

FILED JUN 17 1943
Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 5 years (Specify whether
years, months or days)

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. 308 S. Main
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRIMARY FULL NAME Mrs. Mattie Cheek Poncin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced..... Widowed

6. (b) Name of husband or wife Godfrey N. Poncin 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 12 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>8</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business Page Cheek

12. Name unknown unknown

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

14. Maiden name Sallie Wagner

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

16. (a) Informant Mrs. Bolyn Blackuri

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof May 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) May 29, 1943 (b) Georgia Kitchen
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 1:00 a minute..... M.

21. I hereby certify that I attended the deceased from May 17, 1943 to May 18, 1943
that I last saw him alive on May 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 8 days

Due to.....

Due to..... 330

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 J.A. Blackmore (M. D. or other) M.D.

Address Windsor Mo. Date signed 5-21-43

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

MOTHER FATHER

RECEIVED

District Health Officer No: 71

District File Number 5-43-552

Date Filed 6-14-43

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..... *E. M. Zwick*

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.