No. 2
11-10-39
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26074

AUG 23 1940

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 144

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 616 Bertley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 5 5 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits write "RURAL")
(d) Street No. 616 Bertley
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ada F. Poindexter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 2nd (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	13	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Richard Stringer
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Mary Sanders
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mabel P Moreau
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) July 17-40 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1940 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 1st, 1940, to July 15, 1940 that I last saw her alive on July 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	1½ yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 C Smith (M. D. or other)
Address Moberly Mo Date signed 7/17/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-40-1578
Date Filed AUG 8 1940

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 Frank D. DeWall

Licensed Embalmer No. 3021

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.