

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34551

State File No.

Registration District No. 125

Primary Registration District No. 3007

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: St. Francis Hosp.  
(d) Length of stay: In hospital or institution 2 1/2 hrs.  
In this community 2 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseot  
(c) City or town Rural  
(d) Street No. near Neffland MO  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Starling Pointer

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

4. Sex M 5. Color or race B. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April -19- 1921

8. AGE: Years 20 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Burdette Ark

10. Usual occupation Labour

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

12. Name Roemelt Pointer

13. Birthplace House A. Ark

14. Maiden name Captra Baker

15. Birthplace Salvillase Ark

16. (a) Informant Captra Pointer

(b) Address Portageville MO

17. (a) Burial (b) Date thereof 10-26-1941

(c) Place: burial or cremation Neffland, Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 10/18 1941, to 10/18 1941; that I last saw him alive on 10/18 and that death occurred on the day and hour stated above.

Immediate cause of death Shock from laceration body - 3rd degree  
Due to bursting of both legs and fall from automobile on fire  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 12 hrs.  
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) accident

(b) Date of occurrence 10-18-41

(c) Where did injury occur? near Demiseot MO

Did injury occur in or about home, on farm, in industrial place, in public place? no

(a) Signature of funeral director John J. Killian

(b) Address Portageville MO

(c) Date signed 10-24-41

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

MOTHER FATHER

6  
14

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NOV 18 1944

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**