

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2049

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Marys' Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days) 63 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town South Park
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Dora Rose Pointelin

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victor Pointelin 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 24 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 1 If less than one day hr. min.

9. Birthplace East St. Louis Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Steinmetz

13. Birthplace Alcace Lorraine, France (City, town, or county) (State or foreign country) 5

14. Maiden name Helen Dorothy Glick

15. Birthplace Hanover, Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Hired H. Pointelin

(b) Address 1918 So. Herrel

17. (a) Burial (b) Date thereof 5/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Cem, Shawnee, Kans.

18. (a) Signature of funeral director Simmons

(b) Address KCK

19. (a) 5-26-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from May 22 1942 to May 25 1942 that I last saw him alive on May 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease
Myocardial
Infarction
hypostatic
Pneumonia
Due to 2
Due to 92B
Other conditions (Include pregnancy within 3 months of death)

Duration

year
48 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations
Of autopsy

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?
While at work? (Specify type of place)
(e) Means of injury 0

23. Signature W. Jones (M. D. or other) 0-26
Address Okmulgee Ok Date signed 5-26

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

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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 H. J. Johnson

Licensed Embalmer No. 3903

P. O. Address H. C. K.

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.