

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2218

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lakeside Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 Day
In this community 23 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6837 Bales Avenue
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME Mr. David Pointer

(b) If veteran, name war No
(c) Social Security No. 493-12-3156

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

(b) Name of husband or wife Mrs. Hulda Pointer
(c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 25 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 8
If less than one day hr. min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Hall Brothers

MOTHER FATHER { 12. Name Samuel Pointer

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

14. Maiden name Margaret Lee

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

16. (a) Informant Lillian Walcott
(b) Address 7156 Linn Ave Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri City, Missouri

18. (a) Signature of funeral director O. H. Newcomer, Solo
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-5-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 8:12 minute 12 M.

21. I hereby certify that I attended the deceased from May 23
1942 to June 3, 1942

that I last saw him alive on June 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock
following Transurethral Resection
of Prostate Gland

Due to arteriosclerosis

Due to Myocarditis 137a

Other conditions Partial paralysis of R side
(Include pregnancy within 5 months of death)

Major findings: Hypertrophy of Prostate
Of operations

Of autopsy none

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 2

23. Signature W. A. Warren (M. D. or other) Do

Address 714 Chambers Bldg Date signed 6-3-1942

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

1938

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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

J. H. Simpson

Licensed Embalmer No. *3965*

P. O. Address *E. C. 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.