

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 142

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:  
4017 Park  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether  
37 years)  
years, months or days

In this community 37 years

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. 4017 Park  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X 0

3. (a) PRINT FULL NAME Howard Samuel Pointer

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sally Priest Pointer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 26 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 10 14 26 hr. min.

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

10. Usual occupation Grocer

11. Industry or business X

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 Mrs. Sally P. Pointer

(b) Address 4017 Park, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-11-45 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th  
year 1945 hour 3:10 minute A M.

21. I hereby certify that I attended the deceased from Nov 1 1945 to Jan 10 1945 that I last saw him alive on Jan 8 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Atherosclerosis - General  
Stenocardia - Heart Disease  
Cerebral thrombosis - old

Due to M.I.D.

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John W. Brown (M.D. or other) J.W.

Address 311 Maple St. Date signed 1/11/45

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

Dr. John Runsey

*argyle*

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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.....

Licensed Embalmer No. *1415*

P. O. Address..... *17 e 17*

**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.**