S. No. 2
I—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20, 1943

Registration District No. 110

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5629

State File No. 6737

Registrar's No.

53
0
0

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town HOOKER Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PROSPERINE MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. PROSPERINE MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

53
0
0

3. (a) PRINT FULL NAME MARY POYNTER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife SCHUYLER POYNTER
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased DEC (Month) 31 (Day) 1874 (Year)
8. AGE: Years 68 Months ..... Days 11 If less than one day ..... hr. ..... min.
9. Birthplace LACLEDE Co (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business .....
FATHER 12. Name OTTO HILLIG
FATHER 13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name JULIET BUTCHER
MOTHER 15. Birthplace TENN (City, town, or county) (State or foreign country)
16. (a) Informant Wm Poynter
(b) Address PROSPERINE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 13 43 (Month) (Day) (Year)
(c) Place: burial or cremation BRADSHAW CEM.
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) 1-19-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 11 year 1943 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 1942 to Jan 11 1943 that I last saw her alive on Dec 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma stomach	6 mo
Due to	
Due to 46 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 James L Hope (M. D. or other)
Address Lebanon, Mo Date signed 1/16/43

1090 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 170

District File Number ~~116~~ 207

Date Filed 2-8-43

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 Allyn Detherage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.