

FILED JUN 24 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
1204 West 39th Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **33 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ada Araminta Poindexter**

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

4. Sex **FE** 5. Color or race **WH** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Dr. J. M. Poindexter** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **December 8 1869**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	85	29hr.min.

9. Birthplace **Acuff Tenn.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Hawfe.**

11. Industry or business.....

MOTHER FATHER { 12. Name **E. Johnson**
 13. Birthplace **No Record Virginia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Angeline Pikebill**
 15. Birthplace **No Record Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Edith Johnson**
 (b) Address **2942 E. 28th Street**

17. (a) **burial** (b) Date thereof **June 9, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Bentley Mortuary**
 (b) Address **5811 Troost**

19. (a) **6-9-43** (b) **J. B. Brown**
 (Date received local Registrar) (Registrar's signature)

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. **1204 West 39th Street**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
 year **1943** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **April 7 1943** to **June 7 1943**; that I last saw her alive on **June 3 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colon sigmoid.** Duration **?**

Due to **462**
 Due to **462**
 Other conditions (Include pregnancy within 3 months of death) **462**

Major findings: Of operations **462**
 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?

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

23. Signature **J. B. Brown M.D.** (M. D. or other)
 Address **2422 Plaza Mid City** Date signed **6/9/43**

Edson Carrier
Plaza Bldg
Va. 3434

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.