

3. No. 2  
9-4-41  
5-17-39  
X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34206

State File No. ....

FILED NOV 9 1943

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1205

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs 8 mos 4 days  
(Specify whether years, months or days)

In this community 13 years 8 months 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Cornelville  
(If outside city or town limits, write "RURAL.")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME CHARLES FRED POINTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 2 years (Month) (Day) (Year)

7. Birth date of deceased 2 2 1910  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>2</u>	<u>2</u>	<u>4</u> hr. <u>4</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Carl E. Pointer

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

14. Maiden name Laura Mills

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

16. (a) Informant Carl Pointer

(b) Address Cornelville Mo.

17. (a) Removal (b) Date thereof 10-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville Mo.

18. (a) Signature of funeral director James Powell

(b) Address Kirksville Mo

19. (a) 10-10-43 (b) W. H. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th  
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 1-1-1943 to 10-9-1943  
that I last saw him alive on 10-9-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy

Due to .....

Due to .....

Other conditions 85  
(include pregnancy within 3 months of death)

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 .....

23. Signature R. D. T. Sweeney (M. D. Stamp)

Address State Hospital No. 2 Date signed 10-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

W. H. Henry

NOV 13 1953

**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 W. C. Summers  
Licensed Embalmer No. 2159 Missoula  
P. O. Address Turksville

**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.**