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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2244

Primary Registration District No. 4200

Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 64 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Ash Grove Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Mary Jane Pointer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Pointer

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

7. Birth date of deceased 6 (Month) 24 (Day) 1857 (Year)

8. AGE: Years 87 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Bullock
13. Birthplace Kenn — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr John Pointer
(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12. 4. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Cem-

18. (a) Signature of funeral director Morrist Leiman
(b) Address Ash Grove Mo

19. (a) 12-4-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1944 hour 1 A minute A.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1944 to Dec 2, 1944 that I last saw h. alive on Nov. 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	7 days
Due to: Obstruction of Bowels	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Valvular Heart Disease	Second year

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

23. Signature [illegible] (M. D. or other)
Address Ash Grove Mo Date signed 12-4-44

1254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-1-8
Date Filed 1/13/45

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 Maude O Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.