S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 42702

Registration District No. 354 Primary Registration District No. 4519 Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Cabool
(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 (Specify whether
In this community 29 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas 107

(c) City or town Cabool 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

3. (a) PRINT FULL NAME JOSEPH POINTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Pina

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec (Month) 24 (Day) 1852 (Year)

8. AGE: Years 92 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Bedford (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Pointer
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Pina Pointer
(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Gaylord V Elliott
(b) Address Cabool Mo.

19. (a) Dec 13 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

1638

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1945 2 hour 45 minute P. M.

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

	Duration
Immediate cause of death acute nephritis	3 weeks
Due to Influenza	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 33 pd

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 Lm Ederis (M. D. or other)

Address Cabool Mo Date signed Dec 10 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
Number 14696
Date Filed 1, 9, 46

MAR 3 1947

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 Tayland V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.