

FILED APR 15 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
Greensferry Rd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 year
years, months or days

3. (a) PRINT FULL NAME MARTHA PROFFER POINSETT

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Female 5. Color or race _____ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aug. E. Poinsett 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Jan 26, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Jackson R. Proffer

13. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Crump

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

16. (a) Informant John Ralph

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Mar. 20, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights
Missouri

18. (a) Signature of funeral director Jackson Mo

(b) Address 3-22-46

19. (a) 3-22-46 (b) H. G. Schuber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to March 19 1946
that I last saw him alive on 30 March 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Asphyxiation 5 days

Due to Arteriosclerosis
Don't know

Due to _____

Other conditions Arteriosclerosis 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 23%

Duration

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 H. G. Schuber (M. D. or other) _____
Address Jackson Mo Date signed 3-20-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. ⁴
District File Number 446-2006
Date Filed 4-13-46

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 Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau

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.