

FILED SEP 24 1946
Registration District No. 150

Primary Registration District No. 5579

Registrar's No. 128

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West 3rd Street & 50 Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 West 70th St Terrace
(If rural, give location)
(e) Citizen of foreign country? Mo. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William L. Poynter

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 Widowed

6. (b) Name of husband or wife Ethel - M. Poynter 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan - 30 - 1888
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Land appraiser

11. Industry or business U.S. Gov

12. Name Wm. M. Poynter

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

14. Maiden name Margaret Station

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

16. (a) Informant Mrs. H. E. Clayton

(b) Address Lees Summit Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 8/2/46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City Mo.

19. (a) 8/1/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 7-11-46 to 7-31-46
that I last saw him alive on 7-31-46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 18 mos

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Q4A
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 [Signature] (M. D. or other) MD
Address [Address] Date signed 8/1/46

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

MOTHER FATHER

FEB 13 1967

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.....

T. B. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

Fris Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jackson Rural
(b) City or town Rural
(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 _____ years, months or days

3. (a) PRINT FULL NAME

William L. Paynter

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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: (Month) Jan (Day) 30 (Year) 1933

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) Land appraiser (State or foreign country) Mo

10. Usual occupation U. S. Govt.

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City, Missouri

19. (a) 8-1-46 (b) Sara G. Barnes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ after noon _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

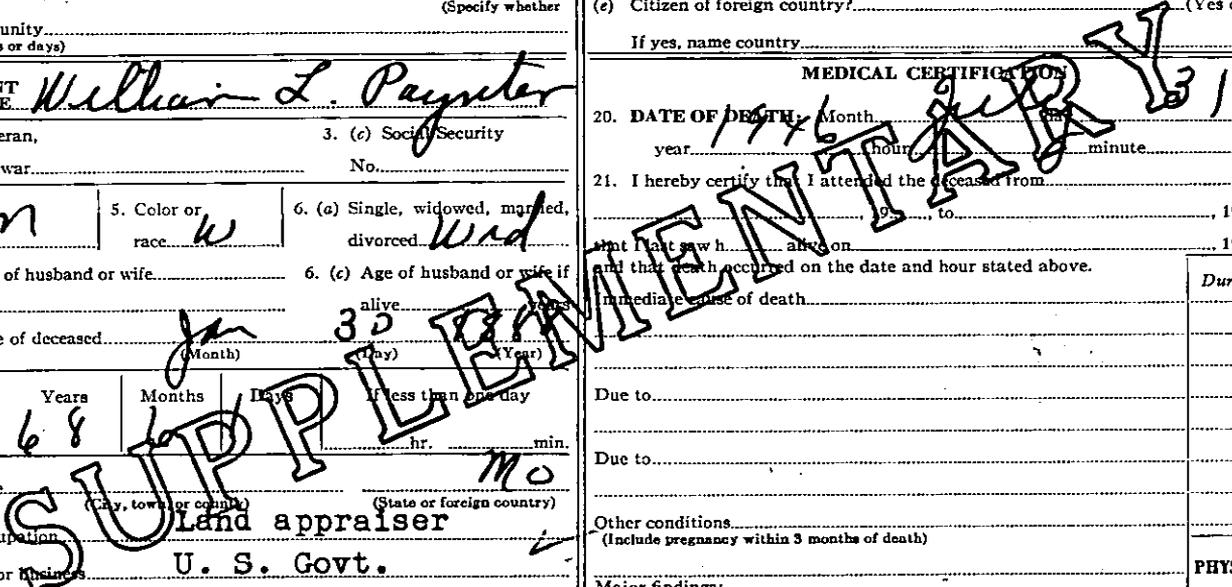
22. If death was due to external causes, fill in the following:

(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 _____ (M. D. or other)

Address _____ Date signed _____



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

FB 13 1000