

FILED OCT 16 1946  
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(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 all life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Richmond /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 257, Cunningham St. /  
(If rural, give location)  
(e) Citizen of foreign country? NO 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Wesley Pointer

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Bertha Alice Pointer Deceased 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Oct. 18, 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 16 If less than one day hr. \_\_\_\_\_ min. 0

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

10. Usual occupation Retired Barber

11. Industry or business \_\_\_\_\_

12. Name Joseph M. Pointer

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

14. Maiden name Arttambissa Phillips

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

16. (a) Informant Eugene J. Pointer

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Oct. 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond, Mo.

19. (a) Oct 5 - 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1946 hour 2 minute 2/20 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1946 to Oct 7, 1946  
that I last saw him alive on Oct 4, 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days  
Due to Flu 1 WK.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 33A 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) (c) Means of injury 2  
23. Signature [Signature] (M.D. or other) AB DO  
Address Richmond, Mo Date signed Oct 5, 46

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

File Number .....

Date ..... 10-12-46

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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 ~~###~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*E. J. Wiseman*

Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.**