

FILED MAR 24 1947

Registration District No. 27

Primary Registration District No. 5005-

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Butte  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
Name of hospital or institution: Butte Community Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs  
(Specify whether in community Appleton City years, months or days 85 yrs)

3. (a) PRINT FULL NAME Stephen B Pointer

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6 1861  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Farming

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

12. Name James Pointer

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

14. Maiden name Waverly Brown

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

16. (a) Informant Amos Ponder

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof 2-18-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City Mo

19. (a) Feb 18-47 (b) Frank Lee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butte  
(c) City or town Butler  
(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 2 day 14  
year 1947 hour \_\_\_\_\_ minute 9 a M.

21. I hereby certify that I attended the deceased from 2  
19, 1947, to 2-14, 1947  
that I last saw him alive on 2-14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
shock  
Hemorrhage  
Due to self inflicted  
laceration of Throat  
Due to \_\_\_\_\_

Duration

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

Major findings:  
Of operations 164D

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) suicide

(b) Date of occurrence 2-14-47

(c) Where did injury occur? Appleton City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home in privacy  
(Specify type of place) (e) Means of injury razor

While at work? \_\_\_\_\_

23. Signature R. L. Hansen (M.D. or other) MD  
Address Appleton City Date signed 2-18-47

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 7,  
District No. 21-47  
Date Filed 2-21-47

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 on the 14th day of Feb 1947, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.