

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Pettis**

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

(c) Name of hospital or institution:  
**922 East Broadway /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...  
**lifetime in Pettis County**

In this community...  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **922 East Broadway**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **Thomas W. Poynter**

3. (b) If veteran, name war **none**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION **31**

20. DATE OF DEATH: Month **March** day **31** year **1947** hour **6:21** minute **A.** M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Velma Poynter Lix**

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

7. Birth date of deceased **November 27, 1882**  
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **Mar. 29** 19**47** to **Mar. 31** 19**47**

that I last saw h. in alive on **Mar. 31** 19**47** and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **4** Days **4** If less than one day  
hr. min.

Immediate cause of death  
**Coronary Sclerosis**  
**arteriosclerosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation **farmer-laborer**

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

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy **97**

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

12. Name **Henry Poynter**

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

14. Maiden name **Julia Roberts**

15. Birthplace **unknown, Virginia**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Mrs. Walter Harmon (dau.)**

(b) Address **922 E. Broadway, Sedalia, Mo**

17. (a) **Burial** (b) Date thereof **1/1/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M.D. or other) **DO**

Address **501 1/2 Engineer Building** Date signed **Apr. 1, 1947**

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

(b) Address **Sedalia, Missouri**

19. (a) **4-1-47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Signature on Reverse Side)

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

50  
6  
4

251

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-16-47

SEP 30 1947

MAY 23 1947

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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, or by \_\_\_\_\_

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

Signed

*Duane Ewing*

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.