

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED JUN 30 1947

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution: **Wheatley Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **Eight days**  
(Specify whether in hospital or institution)

In this community **Ten years**  
(years, months or days)

3. (a) PRINT FULL NAME **James Daniel Pouncey**

3. (b) If veteran, name war **World war #1**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color **Col.**

6. (a) Single, widowed, divorced, **Married**

6. (b) Name of husband or wife **Leona Pouncey**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Dec. 25 1893**  
(Month) (Day) (Year)

8. AGE: **53** Years **5** Months **24** Days  
If less than one day hr. min.

9. Birthplace **Dale County Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Lawyer**

11. Industry or business

12. Name **James Pouncey Sr.**

13. Birthplace **Dale County Alabama**  
(City, town, or county) (State or foreign country)

14. Maiden name **Pastora Thompson**

15. Birthplace **Dale County Ala.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James Pouncey Sr.**

(b) Address **2301 Michigan**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **June 21-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Wm. C. Appleton Jones**

(b) Address **City**

19. (a) **6-20-47**  
(Date received local registrar)

(b) **Geraldine Holmes**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **2301 Michigan**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** 18  
year **1947** hour **6:31** day **A.M.** minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **June 10, 1947** to **June 18, 1947**

that I last saw him alive on **June 17, 1947**

and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease Nephritis, Cerebral Hemorrhage, Right Hemiplegia**

Due to **Generalized Arteriosclerosis**

Due to **Diabetes Mellitus**

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

Major findings: **U**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 work)

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

23. Signature **Royce B. Fleming** (M. D. or other)

Address **1830 Vine St.** Date signed **6/20/47**

