

No. 2  
-12-45  
-5-17-39  
X47070

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

FILED OCT 8 1948

Registration District No. 82

Primary Registration District No. 4143

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 60 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

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

3. (a) PRINT FULL NAME Sampson Poindexter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 21  
1948 to Sept 27 1948  
that I last saw him alive on Sept 22 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Mrs. Madge Poindexter

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

7. Birth date of deceased January 21 1884  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration 7 yrs.

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

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

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

8. AGE: Years 54 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper County MO  
(City, town, or county) (State or foreign country)

Major findings: Of operations NA Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation laborer

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

12. Name Mose Poindexter

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

14. Maiden name Mary Lewis

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

16. (a) Informant Mrs. Madge Poindexter

(b) Address Blackwater, Mo.

17. (a) Removed (b) Date thereof 9/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. Alexander

(b) Address 400 W. Cooper, Selina, Mo.

19. (a) 9-27-48 (b) Dr. Kessel  
(Date received local registrar) (Registrar's signature)

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

(c) 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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury 2

23. Signature AB Clark DO (M. D. or other)  
Address Blackwater Mo Date signed 9-25-48

RECEIVED

District Health Officer No. 8,

File Number

Date Filed

10-7-48

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

*Eric Anderson*

Licensed Embalmer No.

4245

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.