

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41002**

FILED JAN 4 1949

REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5919** Registrar's No. **93**

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Anna b. (Middle) Poinsett c. (Last) Poinsett			4. DATE OF DEATH (Month) (Day) (Year) 12-22-1948
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12--15--1871
9. AGE (In years last birthday) 77		10. MONTHS 0	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Schumer	
13b. MOTHER'S MAIDEN NAME Caroline Becker		14. NAME OF HUSBAND OR WIFE Joseph Poinsett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lynn Tucker ADDRESS Brewer Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 131a		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coro. - vascular - renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? D	
22. I hereby certify that I attended the deceased from June 15, 1947 , to Dec 22, 1948 , that I last saw the deceased alive on Dec 20, 1948 , and that death occurred at 10 A. M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. Carron M.D.		23b. ADDRESS Perryville Mo.	23c. DATE SIGNED Dec 23, 1948
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-1948	24c. NAME OF CEMETERY OR CREMATORY St. Boniface	24d. LOCATION (City, town, or county) (State) Perryville Mo.
DATE REC'D BY LOCAL REG. 12-24-48	REGISTRAR'S SIGNATURE Joe J. Zeller	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo.	

Death Officer No. 4
District File Number 149-21
Date Filed 1-3-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wallace Young

Signed _____
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville 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.