

FILED JUL 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20406
2894

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| c. LENGTH OF STAY (In this place) 40 YEARS | | d. STREET ADDRESS (If rural, give location) 3833 MONROE AVENUE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3844 INDIANA AVENUE | | | |

| | | | | | |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) F. c. (Last) POINDEXTER | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE-28-1950 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH Oct. 21 1894 | | 9. AGE (In years last birthday) 55 YEARS | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee | |
| 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store | | 11. BIRTHPLACE (State or foreign country) Carthage, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME John POINDEXTER | | 13b. MOTHER'S MAIDEN NAME Mary McCammon | | 14. NAME OF HUSBAND OR WIFE Mrs. Ida Poindexter | |
|---|--|--|--|--|--|

| | | | | | |
|--|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. 487-09-3882 | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Ida Poindexter 5833 Monroe Kansas City, Mo | |
|--|--|--|--|---|--|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A cuto coronary occlusion ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 42-20 | |
|---|--|--|--|--|--|--|--|

| | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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 | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE GEO. C. Kealhofer (Degree or title) | | 23b. ADDRESS 3447 Prospect & C. Mo | | 23c. DATE SIGNED 6-28-50 | |
|---|--|---|--|---------------------------------|--|

| | | | | | | | |
|--|--|--------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | | 24b. DATE June 30, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
|--|--|--------------------------------|--|---|--|--|--|

| | | | | | |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 6-30-50 | | REGISTRAR'S SIGNATURE Maldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Newcome Sons 1331 BRUSH CREEK KANSAS CITY, Mo. | |
|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Doyle L. Daniel*
Licensed Embalmer No. *4702*

P. O. Address *Kansas 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.