

S. No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1950

State File No. \_\_\_\_\_  
Registrar's No. 25

FILED FEB 27 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. 5222

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

19  
0  
0

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. R.R. # 4 Pleasant Hill  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Isabelle Poindexter

3. (b) If veteran, name war no

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 th.  
year 1942 hour 2 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Henry Poindexter

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

7. Birth date of deceased April 17 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1941 to Feb 4 1942

that I last saw h. CR alive on Feb 4 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

88 9 17 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

Cerebral hemorrhage

9. Birthplace Levesay Missouri  
(City, town, or county) (State or foreign country)

Due to Anterior cross

Due to Hypertension

10. Usual occupation At Home

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

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

12. Name Hiram Lightner

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

14. Maiden name Mary Levesay

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

Major findings: 830!

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

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

16. (a) Informant Mr. Thomas H. Poindexter

(b) Address R.R. # 4 Pleasant Hill Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-6-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mortuary

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

(a) Means of injury 2

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) Feb 14, 1942 (b) Margaret Poindexter  
(Date received local registrar) (Registrar's signature)

23. Signature James E. ... (M.D. or other) \_\_\_\_\_

Address Pleasant Hill, Mo Date signed 2-5-42

1047

Licensed Embalmer's Statement on Reverse Side)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

**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.**