V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5421

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 512

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Days (Specify whether years, months or days)
In this community Six Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Henrietta
(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 Temple Darlene Pointer

3. (b) If veteran, name war no

3. (c) Social Security No. 492-18-8925

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 12 (Day) 1919 (Year)

8. AGE: Years 23 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Ray Co. Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation ~~Home Girl~~ Clerk

11. Industry or business Commercial Equip Co.

FATHER
12. Name David L. Pointer
13. Birthplace Mo. (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Minnie Estey Baker
15. Birthplace Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Thurl C. Pointer
(b) Address Henrietta Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Garden Mo.

18. (a) Signature of funeral director O. B. Beckett
(b) Address Richmond Mo.

19. (a) 2/1/43 (Date received local registrar) (b) M. R. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from January 27, 1943 to January 12, 1943 that I last saw h. alive on January 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of Cerebrum (?)	2 wks
Due to: Unknown	
Due to: STD	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harry L. Jones (M. D. ~~or other~~)
Address Kansas City Mo. Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 J B Brothers, Registered Apprentice No. ....., working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond 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.