S. No. 2
M—5-42
v. 5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4015

Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Putnam
(b) City or town: Powersville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Powersville, Mo. Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Putnam
(c) City or town: York Twp. (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If farm, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Art Points,
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Mar.
6. (b) Name of husband or wife: Daisy Points
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Sept (Month) 22 (Day) 1871 (Year)
8. AGE: Years 73 Months 2 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Powersville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Abarham Points
FATHER 13. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Sarah Wilson,
MOTHER 15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mrs. Daisy Points
(b) Address: Powersville, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Dec. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Edmond Cem. Iowa.
18. (a) Signature of funeral director: Beary-Statton Co.,
(b) Address: Powersville, Mo.
19. (a) 1/8/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1943 hour 4:00 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from Dec 4 1943, to Dec 4 1943, that I last saw him alive on Dec. 4 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to: Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131 P	
Of autopsy:	

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: L. W. McDonald (M. D. or other)
Address: Powersville, Mo. Date signed 12/6/43

(Licensed Embalmer's Statement on Reverse Side)

1099

RECEIVED
District Health Officer No. 10
District File Number 2-44-356
Date Filed FEB 8 1944

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 Earl Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.